**WHAT IS ONE GOAL YOUR PROGRAM/DEPARTMENT WOULD LIKE TO COMPLETE AFTER THREE YEARS?**

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| **GOAL INFORMATION** |
| What is a brief **title** of the goal?* Write short, descriptive phrase that summarizes the goal.
 |  |
| What is a **description** of the goal?* Write clear statement about what the goal plans to accomplish.
* Avoid using acronyms, jargon, or terms most people wouldn’t understand.
 |  |
| What **planning year** is the goal being created in?* Only the current planning year will be listed in Diamond.
 | [ ] 2025-2026 |
| What is the **purpose** of this goal?* Choose one option that best describes the purpose of the goal.
* Expansion – expanding existing programs, goals, or initiatives to further OTC's mission.
* Exploration – exploring new programs, goals, or initiatives to advance OTC's mission.
* Improvement/Efficiency – evaluating structures and processes to enhance operational effectiveness.
* New Initiative – developing programs or initiatives to meet the emerging needs of OTC stakeholders.
* Redirection – adapting programs or initiatives to better align with emerging stakeholder needs.
 | [ ]  Expansion[ ]  Exploration[ ]  Improvement/Efficiency[ ]  New Initiative[ ]  Redirection |
| What is the **status** of the goal?* Choose one option that best describes the status of the goal.
* Completed – goal finished with outcomes recorded.
* Discontinued – goal ended with no intention to restart or complete.
* In Progress – goal planned and/or currently underway.
* Incomplete – goal partially achieved, but not fully complete.
 | [ ]  Completed[ ]  Discontinued[ ]  In Progress[ ]  Incomplete |

**HOW DOES THE GOAL ALIGN WITH OTC’S STRATEGIC PLAN – DREAM.PLAN.BUILD.?**

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| **STRATEGY** | **DESCRIPTION** | **What strategy does your goal PRIMARILY align with?****(CHOOSE ONE)** | **Does your goal align with any ADDITIONAL strategies?****(SELECT ALL THAT APPLY)** |
| Student Supports | Utilize student-centered design and a data-informed approach in all areas of the college to proactively and holistically meet the needs of students.  |[ ] [ ]
| Student Engagement | Create a campus environment where students are able to engage and learn as a community. |[ ] [ ]
| Accessibility | Increase equitable access to college programs and services for citizens in the OTC service area.  |[ ] [ ]
| Operational Excellence | Strengthen OTC’s capacity through physical, virtual, and human resources to meet the needs of future programs and educational opportunities.  |[ ] [ ]
| Academic Excellence | Identify and support best practices in instruction to meet emerging academic needs and improve the student experience.  |[ ] [ ]
| Innovation | Foster a culture of collaboration and innovation to further OTC’s mission.  |[ ] [ ]
| Workforce Development | Provide flexible and accessible opportunities for education and training in high-demand, high-wage occupations.  |[ ] [ ]
| Community Engagement | Develop community partnerships to align education and supports with the diverse paths of OTC students. |[ ] [ ]
| Career Pipeline | Collaborate with industry and workforce partners to develop programs that meet economic needs in southwest Missouri. |[ ] [ ]

**WHAT OTHER PROGRAMS/DEPARTMENTS DO YOU NEED ASSISTANCE FROM?**

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| --- | --- |
| What other programs/departments does the goal **directly affect** or **will you need assistance from**, if applicable?* You do not need to select your own program/department.
* If no other programs/departments are directly affected, you may leave this section blank.
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**WHAT WOULD SUCCESS LOOK LIKE AND HOW WILL YOU MEASURE IT?**

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| How will you **measure** and **evaluate** goal progress and know if the goal **succeeds**?* Be focused and realistic about your desired outcome of the goal.
* Success should be able to be measured and verified in some way.
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**WHAT ARE YOUR STEPS TO COMPLETE THE GOAL?**

**(List at least 3 steps)**

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| **STEP INFORMATION** |
| How will you **complete this step**?* List only one step at a time.
* Be more specific in how you will complete the step rather than short and broad.
* Avoid using acronyms, jargon, or terms most people wouldn’t understand.
 |  |
| When do you **anticipate starting** this step?* This is a calendar date. Use your best estimate.
 |  |
| When do you **anticipate completing** this step?* This is a calendar date. Use your best estimate.
 |  |
| What **planning year** will you start this step?* Select the year based on when you anticipate starting this step.
 | [ ]  2025-2026 (July 1, 2025-June 30, 2026)[ ]  2026-2027 (July 1, 2026-June 30, 2027)[ ]  2027-2028 (July 1, 2027-June 30, 2028) |
| What **priority level** is this step?* Select the priority level you feel best represents this step.
 | [ ]  High [ ]  Medium [ ]  Low |
| What is the **status** of this step?* Choose the status that best represents the status of the goal as of July 1, 2025.
* Completed – step is finished.
* Discontinued – step ended with no intention to restart or complete.
* In Progress – step planned and/or currently underway for Year 1.
* Incomplete – step partially achieved, but not fully complete.
* Pending – step will be started in year 2 or year 3.
 | [ ]  Completed[ ]  Discontinued[ ]  In Progress[ ]  Incomplete[ ]  Pending |

**DOES STEP #1 REQUIRE ANY NEW RESOURCE REQUESTS?**

If **YES** – fill out the information below. Refer to the “New Resource Requests” section of the Integrated Planning Resource Hub for additional assistance.

If **NO** – move to Step #2 Information.

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| **STEP #1 NEW RESOURCE REQUEST INFORMATION** |
| What **type of resource** are you requesting?* New Capital – request for construction or renovations of physical spaces, such as classroom renovations or office remodels.
* New Equipment – request for tangible property with a cost of $1,000 or more, such as lab or classroom resources.
* New Technology – request for information technology hardware or software, such as computers or software licenses.
* Ongoing Operational Budget Expansion – request for increase in operational budget lines, such as professional development, travel, etc.
* New One-Time Operational Budget – request for temporary and substantial increases in categories other than capital, equipment, technology, or personnel.
* New Personnel – request for new full-time faculty or staff members.
* Existing Personnel Modification/Change – request to modify or expand current personnel, such as adding step increases, part-time salary adjustments, etc.
* Perkins/Enhancement Grant Request – request for equipment you believe is eligible for Perkins or Enhancement Grant funding.
 | [ ]  New Capital Request[ ]  New Equipment Request[ ]  New Technology Request[ ]  Ongoing Operational Budget Expansion[ ]  New One-Time Operational Budget Request[ ]  New Personnel Request[ ]  Existing Personnel Modification/Change[ ]  Perkins/Enhancement Grant Request |
| What is the **priority level** of your request?* High – essential for your program or department's operations, safety, or to prevent work stoppages.
* Medium – important for your curriculum or program or department but not immediately critical.
* Low – beneficial to have and would enhance your program or department but isn't essential for achieving your goals.
 | [ ]  High[ ]  Medium[ ]  Low |
| What is a **brief, one-line description** of what you are requesting?* Be concise, but descriptive.
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| What is the budget **fiscal year** of your request?* For example, if you would like your item considered for the 2025-2026 budget, select “Fiscal Year 2026”
 | [ ]  Fiscal Year 2026[ ]  Fiscal Year 2027[ ]  Fiscal Year 2028 |
| Select if any of the **following options apply**:* Has Ongoing Cost – item requires ongoing cost(s) in subsequent years.
* Connected to Another Budget Request – item is connected to another item being requested, such as equipment purchase and installation cost, etc.
 | [ ]  Has Ongoing Cost[ ]  Connected to Another Budget Request |
| What is the **estimated amount** of your request?* Enter the quantity, cost per item, and total price of your request.
 | Quantity:Cost Per Item:Total Price: |
| **What** are you **requesting**, and **why do you need it**?* Complete the template in the right column:
	+ Room # – what room or location will your item be used in?
	+ Item Requested – what is a description of the item you are requesting? Be as descriptive as
	+ Explanation/Justification – why do you need the item? Be as descriptive as possible.
	+ Estimated Ongoing Cost – what is the estimated ongoing dollar amount for the request?
	+ Impacts to Facilities/Institution – list any impacts the request may have on items such as water, electrical, ADA compliance, etc.
 | Room #:Explanation/Justification:Estimated Ongoing Cost:Impacts to Facilities/Institution: |