**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. |  |

**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. |  |

**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: |