Alabama A & M University
Normal, Alabama

Integrated Planning and Budgeting (IPB) Request

Unit Name: _____

Submitted by: _____

To the Budget Planning Council
For Fiscal Year _____

Section I: General Productivity Information

1. Academic Unit
   Provide three year trend data on student enrollment.

	Fall 2007	Fall 2008	Fall 2009
Number of Majors			
Number of Graduates (Previous Academic year)			
Student Credit Hours			

2. Non Academic Unit
   Select an appropriate indicator(s) to measure the productivity of your unit and provide the data for the three year period.

   Indicator(s) selected and justification for use.

Productivity Indicator	Fall 2007	Fall 2008	Fall 2009

SECTION II: Personnel

1. Complete the personnel worksheet and transfer the summary information to the table below.

	STATE		OTHER	
Status	Number	Salary	Number	Salary
FACULTY				
HEADCOUNT				
FTE				
TEMPORARY				
PARTTIME				
NON FACULTY				
HEADCOUNT				
FTE				
TEMPORARY				
PARTTIME				

2. Recommended Staffing
   Using normative data, descriptive/accreditation recommendations or ACHE data, what is the appropriate or recommended staffing for your unit. For example, the recommended staffing form financial aid is 1 to 300 students served.

   Staffing criteria and justification.

Recommended Staffing	Actual Staffing	Difference

ACHE DATA (Current Year)

	TOTAL CREDIT HOURS	BASELINE FTE	PERSONNEL BUDGE	NONPERSONNEL BUDGET	TOTAL BUDGET
CALCULATED					
ACTUAL					
DIFFERENCE					

3. Analysis-planning for the future and staffing flexibility

	ASSISTANT PROFESSOR	ASSOCIATE PROFESSOR	PROFESSOR	TOTAL	
NUMBER TENURED FACULTY					
		1-2 YEARS	3 YEARS	4 YEARS	5 YEARS
NUMBER DROP PROGRAM					
		25-27 YEARS	28-30 YEARS	31-35 YEARS	35+
YEARS RETIRMENT					

If analysis reveals overstaffing, include plan for staffing reductions.

Considering the projected retirement of personnel in the unit, what is the succession plan for the future?

SECTION III: NON-PERSONNEL

1. Obligated multi-year commitments

	Fall 2009	Fall 2010	Fall 2011
Computers			
Copiers			
Insurance			
Membership Dues			
Accreditation Fees			
Other			
Other			
Other			

2. List major equipment ($5,000 or more) purchased during current year and purpose.

3. List and give the amount of any one-time expenditure included in the current budget.

SECTION IV: BUDGET HISTORY

	Fall 2008		Fall 2009		Fall 2010	
	State	Other	State	Other	State	Other
Fulltime						
Temporary						
Part-time						
Operating Expenses						
Equipment						
Contractual Services						
Total						

4. Budget reallocation or reduction, if required.

   Based on the targeted amount given, indicate the areas from which the reduction or reallocation will be made and its impact on the program/strategic plan.

	FY 2010 Budget	Recommend	Impact
Full-time			
Temporary			
Part-time			
Operating Expenses			
Equipment			
Contractual Services			
Total			

SECTION V: JUSTIFICATION OF BASE BUDGET (STATE FUNDS ONLY)

Provide a very specific justification for the requested base budget. The calculation or basis of the amount requested should be included.

Personnel	Requested	Recommended
Full-Time Positions		
Part-time/Temporary Positions		

	Requested	Recommended
Operating Expenses		
Contractual Services		

	Requested	Recommended
Equipment (list each with cost)		
Travel		

SECTION VI: STRATEGIC PLANNING REQUEST

Note: Complete one form for each request

1. Title of Budget Initiative:_____
2. Strategic Objective:_____
3. Dept. Name: _____
4. Budget Code: _____
5. Funding Priority :_____

GENERAL DESCRIPTION

6. Summary of costs over 5 years:

	Dollars		
Fiscal Year	Base	One-Time	Number of Positions
FY 2010			
FY 2011			
FY 2012			
FY 2013			
FY 2014			

7. Description:

8. Justification for request:
(If salary adjustment is requested, include comparative salary data)

9. Outcome/results if funded:

COST OF FIRST YEAR'S REQUEST

10. Personal service? If yes, complete the table below.

Position Title	State	Other
Full-time Position		
Subtotal, Full-time		
Part-time/Temporary Positions		

Subtotal Part-time Positions		
TOTAL PERSONNEL COST		
Non-personnel costs		
Operating Expenses		
Contractual		
Travel		
Equipment		
Subtotal, non-personnel		
TOTAL		

MEASURING RESULTS

11. How will you measure the outcome to determine if the objective has been achieved? Included the benchmark data against which this outcome will be measured.

Personnel Worksheet
Faculty (Permanent)

Faculty	Position Number	FTE	SALARY	FTE	SALARY	FTE	SALARY	TOTAL	TOTAL
		STATE	STATE	OTHER	OTHER	OTHER	OTHER	FTE	SALARY
Total									

PERSONNEL WORKSHEET
FACULTY (TEMPORARY)

Faculty	Position Number	FTE	SALARY	FTE	SALARY	FTE	SALARY	TOTAL	TOTAL
		STATE	STATE	OTHER	OTHER	OTHER	OTHER	FTE	SALARY
Faculty (Parttime/Adjunct)									
Total									

Personnel Worksheet
Non-Faculty Permanent

Faculty	Position Number	FTE	SALARY	FTE	SALARY	FTE	SALARY	TOTAL	TOTAL
		STATE	STATE	OTHER	OTHER	OTHER	OTHER	FTE	SALARY
Total									

Personnel Worksheet
Non-Faculty (Temporary)

Faculty	Position Number	FTE	SALARY	FTE	SALARY	FTE	SALARY	TOTAL	TOTAL
		STATE	STATE	OTHER	OTHER	OTHER	OTHER	FTE	SALARY
Part-time									
Total									

Proposed Budget
With
Strategic Planning Request(s)

		PRIORITY	**PRIORITY**	**PRIORITY**	**PRIORITY**
BASE BUDGET	BASE BUDGET	1	2	3	4
Personnel					
Full-time Personnel					
Temporary Personnel					
Part-time Personnel					
Subtotal Personnel					
Operating Expenses					
Contractual Services					
Equipment					
Travel					
Subtotal Non-Personnel					
TOTAL					
CUMULATIVE TOTAL					