**CALIFORNIA STATE UNIVERSITY, LOS ANGELES
RESOURCE ALLOCATION PLAN
FISCAL YEAR 1111111**

***Department Budget Request
Form A***

**LOTTERY FUNDS**

Division: Sub-Division/College: 11111111111111111111111111111

Dept. Name: New [ ]

Proposer Name: Continuing [ ]

Proposed Activity Title: Previously Funded 1111

Dept ID: Program Code: Last Year Funded 1111

 College Rank 1111

**NEW BUDGET REQUEST – ESSENTIAL OPERATIONS**

**1. Program Overview – What do we want to achieve? (Include program description and objectives; number of student served; courses/programs the activity is related to and how the activity will further the objectives of the courses/programs.**

**2. Measurable Outcomes – How is success defined?**

**3. Program Plan – How will it be achieved? (Detail how objectives were met, including other funding sources and percentage of budget for this activity, if applicable. To what degree is activity dependent on Lottery funds? If previously funded, justify the reason for any increase funding.**

**3. Assessment Method – How will the outcomes identified in #2 be specifically measured?**