

**Institutional Effectiveness Partnership Initiative**

**Partnership Resource Teams**

**Institutional Innovation and Effectiveness Plan**

Date:

**Name of Institution:**

| **Area of Focus** | **Objective** | **Responsible Person** | **Target Date for Achievement** | **Action Steps** | **Measure of Progress** | **Status (for Visit 3)**  **As of Date:** |
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**Request for IEPI Resources to Support Institutional Innovation and Effectiveness Plan**

| **Applicable Area(s) of Focus *(Copy from table above.)*** | **Applicable Objective(s) *(Copy from table above.)*** | **Description of Resource Needed *(Refer to Action Steps above as appropriate.)*** | **Cost of Resource** |
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| **Total IEPI Resource Request (not to exceed $200,000)** |  |  |  |

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| **Approval** | |  | **Collegial Consultation with the Academic Senate** | |
| **Chief Executive Officer** | |  | **Academic Senate President** *(As applicable; duplicate if needed for district-level I&EP)* | |
| Name: | |  | Name: | |
| Signature or  E-signature: | Date: |  | Signature or  E-signature: | Date: |