

Item	List Item Requested	*Type of Request						One Time, Ongoing or Combo	Amt. One Time	Amt. Ongoing	Amt. Total	Mission	SCC Goals	Technology Master Plan Goals	Facilities Master Plan Priority	Department Planning Portfolio	Program Review	Outcomes Assessment	Replacement Need	Regulatory Repl.	Legally Mandated	Safety	Unit Ranking	Total Points
		S	E/S	T	F	P	O																	Max Pts
1										\$ -													0	
2										\$ -													0	
3										\$ -													0	
4										\$ -													0	
5										\$ -													0	
6										\$ -													0	
7										\$ -													0	
8										\$ -													0	
9										\$ -													0	
10										\$ -													0	

*Type of Request: S=Staff/Classified; E/S=Equipment or Supplies; T=Technology; F = Facilities, P=Professional Needs; O=Other