Section I: Information on Request

1. **Title of Request:** Native Hawaiian Center

2. **Description of Request:** With the impending campus reorganization creating a comprehensive support system for students, especially Native Hawaiian students under the Native Hawaiian programs. Additionally, the reorganization has given the NHC not only a place on our campus and but a place on the campus organizational charts. It is an optimal time to begin to institutionalizing it's programs and positions to build greater academic capacity for Hawaiian students, especially Native Hawaiian students to attend and successfully earn a degree and or enter the workforce through a variety of programs and services. The Native Hawaiian Center has developed and provided an array of educational and support service opportunities for Hawaiian students. The Native Hawaiian Center has consistently and actively worked towards supporting the System's strategic goals in all it's respected areas. The Native Hawaiian Center has been successfully in increasing enrollment of Hawaiian students to exceed Native Hawaiian indicators creating needs in significant retention efforts to help the student persist through their programs. The Native Hawaiian Center nutures the gifts and talents of all students they serve and provides educational supports and cultural experiences that reaises the student's achievements and aspirations that enhances the potential of students reaching their education and career goals.

3. **Justification for Request:** Strategic Plan, HCC Mission Statement, Program Review

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**Check Boxes if the answer to the question is “Yes”**

4. ☒ Does this request meet the College’s Mission Statement?

5. ☒ Does this request meet the University of Hawai‘i’s Mission Statement?

6. ☐ Is this request due to an identified health or safety need?

7. ☒ Is request due to an Implementation Plan objective (Implementation plan that is generated due to Strategic Plan goals)

8. **Program Review Link:** Please type the web link to your most current program review http://honolulu.hawaii.edu/XXXXXXX

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**Estimated Cost of Resources**
Please provide your best projection of the costs of this request including positions, funds (i.e., personnel, operating, and equipment costs), and required space to implement request or activity.

**Positions:** 4.0  
**Funds:** $203,200

**Request Details:** (1) APT CTE Support Specialist  (1) APT Technical Support Specialist  (1) Instructor, CC C2 CTE Academic Support  (1) Instructor, CC C2 Director
Section II: Strategic Plan

Relationship to HCC Strategic Plan
Link: Honolulu Community College Strategic Plan 2010-2015

Each request MUST be tied to a Strategic Goal and Outcome. Many requests will be related on multiple goals and outcomes, in these instances please choose the primary as well as any secondary goals and outcomes that the request meets. Explain the relationship between the request and the goal/outcome as necessary.

1. **Primary Goal:** Promote Learning & Teaching for Student Success
   Positions will be used to reach out and increase Native Hawaiian enrollment, promote low income Native Hawaiian student success and graduation by increasing FA participation, increase the number of Native Hawaiian students successes in developmental education, increase the number of Native Hawaiian students who progress and graduate and or transfer to baccalaureate institutions. The successes of the Native Hawaiian Center, it's programs and services are well documented. The positions requested will enable the Native Hawaiian Center to continue to strive to support our Native Hawaiian Students in maximizing their individual skill sets, interest, abilities, and aspirations.

2. **Secondary Goal:** Function as a Seamless State System
   Increase the number of degrees awarded and or transfer to UH baccalaureate programs,

3. **Secondary Goal:** Please indicate the secondary goal/outcome that this request helps to accomplish
   Please explain the request's relationship to this goal

4. **Secondary Goal:** Please indicate the secondary goal/outcome that this request helps to accomplish
   Please explain the request's relationship to this goal

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Quick Document Navigation: [Top] - [Section I] - [Section II] - [Section III] - [Section IV]
Section III: Communicating the Request

Program Consultation

1. Programs/Offices that will be impacted by this request include: Native Hawaiian Center

2. Impacted Program/Office: Submitter is responsible for including all programs/offices that will be impacted by the request and seek their comments on the request.
   a. Impacted Program/Office Comments: Impacted programs/offices comment/concerns section

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Quick Document Navigation: Top - Section I - Section II - Section III - Section IV
Section IV: Administration Review and Comments

NOTE: Save the form using an abbreviated title of the request in this format: AbbreviateTitleofRequest_BudReqAY12 (example: OfficeFurnReplacement_BudReqAY12.doc).

- Routing -

All requests require review and comment from:
1) Division Chair (if no Division Chair then to #2), 2) Lead Dean(s), 3) VCAA, and 4) VCAS

1. □ Reviewed by Division Chair
   a. Division Chair please enter comments on request here

2. □ Reviewed by Program/Division Dean
   a. The Dean of Student Services agrees with the justification(s), the connection it has made to the strategic plans, mission and goals for our campus

3. □ Reviewed by Vice Chancellor of Academic Affairs
   a. VCAA please enter comments on request here

4. □ Reviewed by Vice Chancellor for Administrative Affairs
   a. Request does not indicate if positions are new or currently budgeted. If new positions, then I don't believe this is a prudent time to add 4.0 positions to the NHC.

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Quick Document Navigation: Top - Section I - Section II - Section III - Section IV