

**CALIFORNIA COMMUNITY COLLEGES  
CHANCELLOR'S OFFICE**

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<http://www.cccco.edu>



July 19, 2017

TO: EOPS Directors, EOPS Coordinators and CARE Coordinators  
FROM: Kelly Gornik, EOPS/CARE/CAFYES Specialist  
SUBJECT: \_\_\_\_\_ Chancellor's Office EOPS and CARE Reporting Forms, Instructions and Due Dates

**Synopsis:** Chancellor's Office EOPS (Extended Opportunity Programs and Services) and CARE (Cooperative Agencies Resources for Education) reporting forms for \_\_\_\_\_

EOPS Program Plan	EOPS Budget Plan	CARE Budget Plan
EOPS Mid-Year Report	CARE Mid-Year Report	CARE Year End Report
EOPS Final Expenditure Report	CARE Final Expenditure Report	

Signed (e-signed) and scanned plans/reports are emailed to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu) Instructions for completing reports and plans are posted on the Chancellor's Office EOPS/CARE Website: <http://extranet.cccco.edu/Divisions/StudentServices/EOPSCARE/ResourcesReportsDaraForms.aspx>

The \_\_\_\_\_ EOPS and CARE Budget Plans and the EOPS and CARE Final Expenditure Reports must be completed on-line in the SSARCC (Student Services Automated Reporting for Community Colleges) web-based application at: <https://miseab.cccco.edu/SSARCC/Login.aspx>.

Signature pages are printed through SSARCC, signed or e-signed, scanned and emailed to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)

Note: All EOPS and CARE reporting forms must be SIGNED and emailed to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)

**\_\_\_\_\_ Reporting Due Dates:**

**November 30, 2017: EOPS Program Plan Parts 1-3**

*Email plan and signed page to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)*

**November 30, 2017: EOPS and CARE Budget Plans**

*Submit budget through SSARCC; Signed page to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)*

**March 15, 2018: EOPS and CARE Mid-Year Reports**

*Email plan and signed page to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)*

**August 31, 2018: CARE Year-End Report**

*Email report to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)*

**September 15, 2018: EOPS CARE Final Expenditures Report**

*Email report through SSARCC; Signed page to: [ssarcc-eops@ccco.edu](mailto:ssarcc-eops@ccco.edu)*

**As Needed: Request to Transfer EOPS Funds out of Category C**

Statewide \_\_\_\_\_ EOPS AND CARE Final Allocations anticipated release date: **October 2017.**

**Action Requested:** Submission of completed EOPS and CARE reporting forms to the Chancellor's Office on or before the respective due dates.

**Contact:** If you have questions or need clarification, please contact:

Koney Austinn, EOPS/CARE/CAFYES Analyst, ~ [kaustinn@ccco.edu](mailto:kaustinn@ccco.edu) ~ 916-323-5956

cc: Chief Business Officers; Chief Student Services Officers; Pamela D. Walker, Vice Chancellor of Educational Services  
Sarah Tyson, Dean of Student Services; Janet Fulton, Specialist EOPS/CARE/CAFYES;  
Koney Austinn, Analyst EOPS/CARE/CAFYES



**Program Plan EOPS \_\_\_\_\_**

**Extended Opportunity Programs and Services**

**Due November 30, 2017**

*Email: (1) one signed plan to [ssarcc-eops@cccco.edu](mailto:ssarcc-eops@cccco.edu)*

**Part 1**

**1.1 College:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**1.2 EOPS Minimum Program Standards/Activities and Waiver Requests**

Colleges are required to employ a full-time EOPS director. A waiver may be requested for less than a full-time EOPS director if the college meets the waiver criteria. Waiver criteria may be found in the:

**Instructions for Completing the Program Plan**

Please select the appropriate EOPS Director Status below:

The college is requesting a waiver for a full-time director based upon one of two criteria below.  
 Choose **one (1)**:

1. Served less than 500 EOPS student and received an EOPS allocation of less than \$500,000 in the prior fiscal year.

**OR**

2. Has a full-time Assistant Director/Coordinator assigned 100% to EOPS/CARE (The Assistant Director/Coordinator must be certificated if the part-time Director is assigned less than 50% of the time to EOPS/CARE.)

The college EOPS program is required to provide the services listed below. A waiver may be requested if the college alone meets the needs of and provides the services to the EOPS students and program.

Services	Provided by <b>EOPS</b>	<b>Waiver Requested</b> Provided by <b>College</b>
EOPS Recruitment/Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>
EOPS Orientation Services	<input type="checkbox"/>	<input type="checkbox"/>
EOPS Priority Registration Services	<input type="checkbox"/>	<input type="checkbox"/>
Testing/Assessment Services	<input type="checkbox"/>	<input type="checkbox"/>
Counseling and Advisement Services	<input type="checkbox"/>	<b>Waiver Not Allowed</b>
EOPS Basic Skills Instructional Services	<input type="checkbox"/>	<input type="checkbox"/>
EOPS Tutoring Services	<input type="checkbox"/>	<input type="checkbox"/>
EOPS Transfer Services	<input type="checkbox"/>	<input type="checkbox"/>
EOPS Career Employment Services	<input type="checkbox"/>	<input type="checkbox"/>



**1.3 Other Activities and Services Provided:**

- CARE Program
- EOPS Advisory Committee
- Other \_\_\_\_\_

**1.4 Students Served**

\_\_\_\_\_ Number of EOPS students planned to be served in \_\_\_\_\_

**1.5 Funding**

EOPS Allocation \$ \_\_\_\_\_

Proposed \_\_\_\_\_ District Match \$ \_\_\_\_\_

The District Match should match your SSARCC planned district match (required) for \_\_\_\_\_

Proposed \_\_\_\_\_ District Backfill \$ \_\_\_\_\_

Enter if the District Backfill figure is known at the time of this report.

**1.6 Signatures**

**EOPS Director**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrator – Director's Supervisor**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify, on behalf of the Board of Trustees, that funds requested herein will be expended in accordance with the provisions of Chapter 2.5 (commencing with Section 56200) of Division 7 of Part 6 of title 5 of the California Code of Regulations.

**Superintendent/President**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Part 2

### 2.1 EOPS/CARE Program Organizational Chart

In the space below, enter your organizational chart diagram including ALL positions with position numbers used in the Student Services Automated Reporting for Community Colleges (SSARCC) EOPS Budget Plan.

A large, empty rectangular box with a thin black border, intended for the user to draw an organizational chart diagram. The box is currently blank.



**Part 3**

**3.1 Year End Report for prior year: 2016-17**

Please provide a brief narrative of your program accomplishments in **2016-17**, including but not limited to the following information:

- |  |                             |
|--|-----------------------------|
| Number of students served                                    | Program objectives achieved |
| Advisory committee involvement Workshops and class offerings | Outreach efforts            |
| Student awards   | Student success             |
| Any special program successes                                | Scholarship acknowledgments |
|  | Overall program evaluation  |

Narrative of Program Accomplishments for **2016-17**:



*Continue:* the Narrative of Program Accomplishments for **2016-17** :

A large, empty rectangular box intended for the narrative of program accomplishments for 2016-17.