

**CALIFORNIA COMMUNITY COLLEGES  
CHANCELLOR'S OFFICE**

1102 Q STREET, SUITE 4400  
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(916) 445-8752

<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: \_\_\_\_\_