CENTERS AND INSTITUTES

ANNUAL REPORTING

Report For: July 1,2014 – June 30, 2015

(IBHE Approved and/or Illinois State Statute Established Only) \*

|  |  |  |
| --- | --- | --- |
| 1. | Reporting Institution | (campus) |
| 2. | Center/Institute | (name of the center or institute) |
| 3. | Date | (date) |
| 4. | Director | (director’s name) |
| 4.1 | Telephone | (director’s telephone) |
| 4.2 | E-mail | (director’s email address) |

|  |  |  |
| --- | --- | --- |
| 5.  | Year Established | (Academic Year established as recognized by the SIU President, the IBHE, or created in Illinois state statute) |
| 6. | Illinois State Statute(if pertinent) | (if created by Illinois state statute, list the specific statute by number and title; otherwise, list N/A) |
| 7. | Reporting Unit | (list the college, school, or administrative unit in which this center/institute exists) |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. | Type | Activity(check all that apply) |  |
|  | Instructional |  |  |
|  | Research |  |  |
|  | Public Service |  |  |

\_\_\_\_\_\_\_

\* Complete this form for each center and institute established (or that is in the process of being established) through the Illinois Board of Higher Education approval process (23 Illinois Administrative Code 1050) or by specific Illinois state statute. See University Guideline 2.4 for details. This report will be completed by the center or institute after conclusion of the academic/fiscal year.

9. Overview

 9.1 Description

|  |
| --- |
| (briefly describe the center/institute) |

 9.2 Mission

|  |
| --- |
| (give the mission of the center/institute) |

 9.3 Objectives

|  |
| --- |
| (list the current objectives for the center/institute) |

10. Advisory Board

 10.1 Advisory Board - Membership

|  |
| --- |
| (provide the name and list the membership of the center/institute advisory board. If multiple boards are used, list each.) |

|  |  |  |
| --- | --- | --- |
| 10.2 | Number of Meetings (In This Year) |  |

11. Annual Performance

 11.1 Performance Measures \*

| Measure | Target for Year | Results in Year |
| --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| \* Center/institute-defined measures and targets. Depending on the particular center/institute, these may include intellectual contributions (such as publications), grants, public service activities. |

 11.2 Major Accomplishments (In This Year)

|  |
| --- |
| (briefly summarize center/institute’s major accomplishments for the year) |

 11.3 Evidence of Support for Illinois Public Agenda, SIU Board of Trustees, and SIU Campus Strategic Planning

|  |
| --- |
| (briefly provide any evidence of the center/institute’s support for statewide, SIU system, or campus priorities in this year) |

 11.4 Evidence of Support for Center/Institute Objectives

|  |
| --- |
| (briefly provide any evidence of the center/institute’s support for the unit’s objectives in this year – see 9.3 above) |

 11.5 Evidence of Organizational Effectiveness

|  |
| --- |
| (briefly provide any evidence of the center/institute’s organizational effectiveness in this year) |

12. Institutional Assessment

|  |  |  |
| --- | --- | --- |
| 12.1 | Date of Last Review | (list the year of the last program review) |
|  |  |  |
|  |  |  |  |
| 12.2 | Decision at Last Review |  | Center/Institute in Good Standing |
|  |  |  | Center/Institute Flagged for Priority Review |
|  |  |  | Center/Institute Suspended |
|  |  |  |  |
| 12.3 | Explanation  | (briefly provide any explanation necessary of the institutional assessment or plans for pending program review) |
|  |  |

**RESOURCES: (Center/institute name)**

| **Financial Resources** | **FY2015** | **FY2014** | **FY2013** | **FY2012** | **FY2011** |
| --- | --- | --- | --- | --- | --- |
| Revenues |  |  |  |  |  |
|  State Appropriations |  |  |  |  |  |
|  Income Fund |  |  |  |  |  |
|  Grants & Contracts |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Revenues |  |  |  |  |  |
|  |
| Expenditures\* |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
|  xxx |  |  |  |  |  |
| Total Expenditures |  |  |  |  |  |
|  |
| Revenue Minus Expenditures |  |  |  |  |  |

\* Categorize expenditures in easily understood, consistent categories (e.g., salaries, Graduate Assistant support). Add additional rows as necessary.

| **Staffing (Full Time Equivalent)** | **FY2015** | **FY2014** | **FY2013** | **FY2012** | **FY2011** |
| --- | --- | --- | --- | --- | --- |
| Faculty |  |  |  |  |  |
| Staff |  |  |  |  |  |
|  |
| Total Staffing |  |  |  |  |  |