**APPLICATION for FACILITY SPACE**

**Facilities Planning Committee**

# Approved 12/5/15

***This Form is for use in the event of recently identified Vacant or Assignable space, or a change of space. The Facilities Planning Committee (FPC) will make recommendations about facility space allocation to the College President in accordance with the FPC’s Space Allocation Process***.

**Department/ Program**:

**Contact Person**:

**Email**: **Phone**:

**Date**:

**Date of Original Request (in Prog. Review/ APU)**:

**Location Of Vacant/ Assignable Space:**

**Description of Request/ Project** (May attach any supporting Pictures/ Documents):

|  |
| --- |
| **Scope of Request -- (Check All the Box(s) That Apply):** |
| [ ]  | **Open Space Development –** Develop open space/ land |
| [ ]  | **Convert Underutilized Space/ New Use –** Modify current usage of existing space or create a new or additional usage/ purpose for space. |

|  |  |
| --- | --- |
| [ ]  | **New Construction –** Build a new structure/ building that currently does not exist.  |
| [ ]  | **Reconstruction – REFURBISH** (Minor work using existing equip/ furnishings and apply new finishes, fixtures and/or repair to meet objective) |
| [ ]  | **Reconstruction – REMODEL** (Minor to medium work using existing spaces with no restructuring or relocating of doors/walls) |
| [ ]  | **Reconstruction – RENOVATE** (medium to major work using existing spaces possibly requiring demolition or relocation of door/walls or upgrade power supplies. |

|  |
| --- |
| **Institutional Justification**: |

[ ] Yes [ ] No Immediate Health or Safety Risk (If “Yes” – Please explain)

[ ] Yes [ ] No Legal Mandate (Health Code / ADA Disability, etc) -If “Yes” – Please explain)

[ ] Yes [ ] No Indicated in Institutional Planning? (Prog. Rev, Ed Mast Plan, Facility Master Plan?) If Yes, Please describe how:

[ ] Yes [ ] No Effect on Institutional Effectiveness? (Impact on students: access, success, # impacted, etc.) Please describe impact:

[ ] Yes [ ] No Collaboration with other Programs/ Departments? If Yes, Please explain:

**Project Details**

What type of Instructional Support will be required to complete the vision of this project (New Faculty or Staff / Resources/ Equipment/ etc.):

What is the impact of this project on State Guidelines (if known) for Space Allocation for the College (ie: increase overbuilt status in an area/ decrease space/ etc)

What is the projected cost of this project and describe any funding sources that are identified (grant/ bond money/ etc)?

PRESENTATION: Indicate if you are interested in making a presentation at a Facilities Planning Committee Meeting (meetings are generally the 1st and 3rd Mondays of the month from 2:20 – 3:50pm)

[ ]  Yes [ ]  Not Necessary

***\*Email Completed Form to: Facilities Planning Committee Chairs – Chungwai Chum and Stephen Corlett (******cchum@peralta.edu*** ***and*** ***scorlett@peralta.edu******)***

|  |
| --- |
| **Facility Committee Response Area:** |

DATE:

The committee has made the following Recommendation to the President:

Status/ Next Steps in the Process:

|  |
| --- |
| **College President Response Area:** |

DATE:

The College President in response to this Application for Facility Space:

[ ]  Approved Request [ ]  Denied Request

Signature:

Explanation:

Status/ Next Steps in the Process: