## ALL SPACE REQUESTS REQUIRE APPROVAL BY THE SUPERVISING DEAN/DIRECTOR AND VICE PRESIDENT

### I. CONTACT INFORMATION:

- **Requesting Program and/or Service:** Chemistry classroom retrofit
- **Date:** 2/10/15
- **Name:** Renata Funke
- **Phone:** 831. 386. 7101
- **Email:** rfunke@hartnell.edu

### II. DESCRIPTION OF DEPARTMENT:

A. Is this Request for a new program and/or service?
   - Yes ☐ No ☐
   - If yes, attach evidence that the new program and/or service has been approved through the procedures outlined in AP 4021.
   - If available, attach evidence that the most recent annual or comprehensive program planning and assessment (PPA) addresses program/service growth and corresponding physical space needs.

B. Briefly describe the function of your program and/or service.
   - Offer CHM-22 (the Science of Chemistry) at the King City Ctr.

C. Number of full-time faculty **3**, Number of part-time faculty **48**, Number of staff **2**
   - Number of student workers __________

D. Do you anticipate the number of people in your program and/or service increasing within the next two years?
   - Yes ☐ No ☐

E. If yes, indicate anticipated growth:
   - Number of full-time faculty **4**, Number of part-time faculty **50**, Number of staff **3**, Number of student workers __________

F. How much space do you currently have? (total assignable square feet) 7 classrooms

### III. REQUEST FOR SPACE:

A. Describe why new/additional space is needed, including how this new/additional space will help the college achieve one or more goals in the strategic plan. Attach supporting documents if appropriate. Address the implications to your program/service if additional space is not approved.
   - One classroom needs to be reconfigured to accommodate requirements for teaching CHM-22, based on input from schools & community; the storage room upstairs may need additional cabinets

B. New space will be used for:
   - Instruction ☑ Research/Grant ☐ Administration ☐ Storage ☐ Student Support ☐ Other, please specify

C. What attempts have been made to locate space within your current space allocation? Has under utilized space been assessed to solve this need? Have shared space possibilities been explored?
   - Joseph Reyes and I met with HGHP Architect last spring (see attached floor plan)

D. Have you identified a suitable location for this new space that may be available?
   - Yes ☐ No ☐

E. If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams. Attach additional supporting documents if appropriate.
   - RCC-209 (or 210 A)

F. Does the request impact space currently being utilized by other programs and/or services?
   - Yes ☐ No ☐

   - If yes, in what ways does the request impact other programs and/or services?
     - The reconfig. classroom also houses other classes

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Space Request Form 1 of 2

Revised 12-4-2014
G. Date Needed

Fall 2015

H. Provide information on any time constraints that may affect the timing of allocation of the space.

Funding to be identified, incl. by the Foundation. configuration & equipment needs to be identified with Dean Bliss.

| RECOMMENDATION SIGNATURES (The signatures below indicate agreement that the space request should be considered. Recommendation to proceed does not indicate a guarantee of space for the purpose outlined in this request.) |
| Director/Dean: Renata Funke Signature: F. Funke Date: 2/10/15 |
| Comments: S. City needs to offer basic science classes |
| Vice President: Lori Kiel Signature: J. Kiel Date: 2/13/15 |
| Comments: |

Forward this completed form with the proper signatures and supporting documents by email to the Facilities Development Council chair, Joseph Reyes, jreyes@hartnell.edu & Laura Warren, lwarren@hartnell.edu

| FACILITIES DEVELOPMENT COUNCIL ACTION |
| Date reviewed by Council: |
| Action recommended by Council: |
| Date Forwarded to College Planning Council for Action: |

| COLLEGE PLANNING COUNCIL ACTION |
| Date reviewed by Council: |
| Action recommended by Council: |
| Date Forwarded to Superintendent/President for Decision: |

| SUPERINTENDENT/PRESIDENT DECISION |
| Date reviewed by Superintendent/President: |
| Decision by Superintendent/President: |
| Date of Decision: |