

Hartnell Community College District Request for New or Additional Space

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

Main ☐ Alisal ☐ Castroville ☐ Soledad ☐ King City ☐

I. CONTACT INFORMATION:		
Requesting Program and/or Service:		Date:
Name:	Phone:	Email:
II. DESCRIPTION OF DEPARTMENT:		
<p>A. Is this Request for a new program and/or service? 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.</p>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>B. Briefly describe the function of your program and/or service.</p>		
<p>C. Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____</p>		
<p>D. Do you anticipate the number of people in your program and/or service increasing within the next two years?</p>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>E. If yes, indicate anticipated growth:</p> <p>Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____</p>		
<p>F. How much space do you currently have? (total assignable square feet)</p>		
III. REQUEST FOR SPACE:		
<p>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.</p>		
<p>B. New space will be used for: Instruction <input type="checkbox"/> Research/Grant <input type="checkbox"/> Administration <input type="checkbox"/> Storage <input type="checkbox"/> Student Support <input type="checkbox"/> Other, please specify _____</p>		
<p>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?</p>		
<p>D. Have you identified a suitable location for this new space that may be available?</p>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>E. If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams. Attach additional supporting documents if appropriate.</p>		
<p>F. Does the request impact space currently being utilized by other programs and/or services? If yes, in what ways does the request impact other programs and/or services?</p>		Yes <input type="checkbox"/> No <input type="checkbox"/>

G. Date Needed
H. Provide information on any time constraints that may affect the timing of allocation of the space.
I. What are the costs associated with this proposal? If approved, what is the source of funds for this proposal?

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:	Signature:	Date:
Comments:		
Vice President:	Signature:	Date:
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 & Vanessa Meldahl vmeldahl@hartnell.edu

FACILITIES DEVELOPMENT COUNCIL ACTION
Date reviewed by Council:
Action recommended by Council:
Date Forwarded to Superintendent/President:

SUPERINTENDENT/PRESIDENT DECISION
Decision by Superintendent/President: ____ Approved ____ Not Approved
Signature:
Date of Decision: