

## 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: College Readiness                                                                                                                                                                                                                                                                                                                           | Date: 4/11/2025                                                     |
| Name: Ben Grainger                                                                                                                                                                                                                                                                                                                                                             | Phone: 831-755-6726                                                 |
| Email: bgrainger@hartnell.edu                                                                                                                                                                                                                                                                                                                                                  |                                                                     |
| II. DESCRIPTION OF DEPARTMENT:                                                                                                                                                                                                                                                                                                                                                 |                                                                     |
| A. Is this Request for a new program and/or service?<br>If yes, attach evidence that the new program and/or service has been approved through the procedures outlined in AP 4021.<br>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. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Briefly describe the function of your program and/or service.                                                                                                                                                                                                                                                                                                               |                                                                     |
| C. Number of full-time faculty _____, Number of part-time faculty _____, Number of staff <u>2</u> ,<br>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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| E. If yes, indicate anticipated growth:<br><br>Number of full-time faculty _____, Number of part-time faculty _____, Number of staff <u>1</u> , Number of student workers _____                                                                                                                                                                                                |                                                                     |
| F. How much space do you currently have? (total assignable square feet) <u>Currently one room with three desks (CEC-110)</u>                                                                                                                                                                                                                                                   |                                                                     |
| 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.                                                                               |                                                                     |
| B. New space will be used for: Instruction <input type="checkbox"/> Research/Grant <input type="checkbox"/> Administration <input checked="" type="checkbox"/> Storage <input type="checkbox"/> Student Support <input type="checkbox"/><br>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?                                                                                                                                                                                |                                                                     |
| D. Have you identified a suitable location for this new space that may be available?                                                                                                                                                                                                                                                                                           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| E. If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams. Attach additional supporting documents if appropriate.<br><b>CEC-113</b>                                                                                                                                                                                                                |                                                                     |
| F. Does the request impact space currently being utilized by other programs and/or services?<br>If yes, in what ways does the request impact other programs and/or services?                                                                                                                                                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>CEC-113 is currently vacant</b>                                                                                                                                                                                                                                                                                                                                             |                                                                     |

|                                                                                                                  |             |
|------------------------------------------------------------------------------------------------------------------|-------------|
| G. Date Needed                                                                                                   | <b>ASAP</b> |
| 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? |             |

|                                                                                                                                                                                                                                    |                                                                                                                |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------|
| <b>RECOMMENDATION SIGNATURES</b> (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: Benjamin Grainger                                                                                                                                                                                                   | Signature: <i>Benjamin Grainger</i>                                                                            | Date: Apr 11, 2025 |
| Comments:                                                                                                                                                                                                                          |                                                                                                                |                    |
| Vice President: Ramachandran Subramaniam                                                                                                                                                                                           | Signature: <i>Ramachandran Subramaniam</i><br><small>Ramachandran Subramaniam (Apr 17, 2025 10:03 PDT)</small> | Date: Apr 17, 2025 |
| 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](mailto:jreyes@hartnell.edu) & Vanessa Meldahl [vmeldahl@hartnell.edu](mailto:vmeldahl@hartnell.edu), and to our Information Technology Department at [ITHelp@hartnell.edu](mailto:ITHelp@hartnell.edu)

|                                              |
|----------------------------------------------|
| <b>FACILITIES DEVELOPMENT COUNCIL ACTION</b> |
| Date reviewed by Council:                    |
| Action recommended by Council:               |
| Date Forwarded to Superintendent/President:  |

|                                                                     |
|---------------------------------------------------------------------|
| <b>SUPERINTENDENT/PRESIDENT DECISION</b>                            |
| Decision by Superintendent/President: ____Approved ____Not Approved |
| Signature:                                                          |
| Date of Decision:                                                   |








# Space\_request\_form\_college\_readiness\_Grainger, B

Final Audit Report

2025-04-17

|                 |                                              |
|-----------------|----------------------------------------------|
| Created:        | 2025-04-16                                   |
| By:             | Celina Castillo (ccastillo@hartnell.edu)     |
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-  Document created by Celina Castillo (ccastillo@hartnell.edu)  
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-  Document e-signed by Ramachandran Subramaniam (rsubramaniam@hartnell.edu)  
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