Hartnell Community College District Request for New or Additional Space

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

Main				
I. CONTACT INFORMATION:				
Requesting Program and/or Service: SVAEC		Date: 4/14/25		
Name: Ivan Pagan	Phone: 831.759.6021	Email: ipagan@hartnell.edu		
II. DESCRIPTION OF DEPARTMENT:				
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.			Yes 🔳 No 🗌	
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 3, Number of student workers				
D. Do you anticipate the number of people	in your program and/or service increasing wit	hin the next two years?	Yes No	
E. If yes, indicate anticipated growth:				
Number of full-time faculty, Number of part-time faculty, Number of staff _1, Number of student workers				
F. How much space do you currently have? (total assignable square feet) half of Building R (currently shared with TPP)				
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 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?				
D. Have you identified a suitable location f	<u> </u>		Yes No 🗌	
 E. If yes, describe, identify building/room #s or attach drawing/floor plans/diagrams. Attach additional supporting documents if appropriate. As described in A, the SVAEC's space needs could be met by CEC-110 and CEC-114. 				
	being utilized by other programs and/or service		s No 🗹	
The spaces that we are requesting in CEC are/will be vacant.				

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G. Date Needed ASAP			
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?			
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DECOMMENDATION CLONATURES (TI ' 4 1 1 1 ' 1' 4 4 4 4 4 4 4 4 4 4 4 4			
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: Ivan Pagan Signature: Nan Pagan (Apr 14, 2025 16:37 PDT) Date: 4/14/25			
Comments: Juan Gonzalez			
Vice President: Ram Subramaniam Signature: Date: 4/14/25			
Comments: Ramachandran Subramaniam (Apr 14, 2025 20:16 CDT)			
Forward this completed form with the proper signatures and supporting documents by email to the Facilities Development			
Council chair, Joseph Reyes, <u>ireyes@hartnell.edu</u> & Vanessa Meldahl <u>vmeldahl@hartnell.edu</u> , and to our Information			
Technology Department at ITHelp@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:ApprovedNot Approved			
Signature:			
Date of Decision:			

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Final Audit Report 2025-04-15

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By: Ivan Pagan (ipagan@hartnell.edu)

Status: Signed

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