**APPLICATION FOR FACILITIES – COMMON SPACE AREAS**

**Long Term Consistent or Recurring Usage (non rentals)**

*(Facilities Planning Committee – Approved 12/3/15)*

***This Form is for requests involving areas of the campus that are non-instructional spaces that are shared by multiple campus constituents such as: breezeways, open spaces, quad areas, atriums, lobbies, and general campus grounds.***

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| **Submit one Application per: Each Common Space Area Request** |

**Requesting Entity Name:**

**Contact Person**:

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

**Date of Request**:

**Common Space Location:**

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

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| **Intended Timeframe to Occupy Common Space** |

[ ]  **Temporary–** Define length of time desired to occupy space:

[ ]  **Permanent/ Indefinite –** Describe intended parameters:

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| **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. |
| [ ]  | **Other –** Non Development Request |

**Project Details**

Describe Specific Scope details of common space plan (explain any Scope of Request boxes checked above):

**Institutional Benefits**:

Effect on Institutional Effectiveness? (Impact on students: access, success, equity, #of students impacted, etc.) Please describe impact:

Describe how request Aligns with Institutional Planning (Ed Master Plan, Facility Master Plan, College goals):

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

Describe any type of Instructional Support that you already have for this proposal (Faculty or Staff involvement / Resources/ Equipment/ etc.):

Describe any additional benefits to the college? (Financial/ Academic/ Relational?) Please describe:

Funding/ Cost Factors – What are the projected costs of this proposal and describe any funding sources identified? (grants/etc):

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| **Institutional Risk Factors**: |

[ ] Yes [ ] No Does this request generate any safety concerns? If “Yes” – Please explain what safety risks there might be and any plan to mitigate those risks:

[ ] Yes [ ] No Does this request generate any Liability Considerations? If “Yes” – Please explain what liability issues there might be and any plan to mitigate those risks:

[ ] Yes [ ] No Does this request generate or address any Legal Mandates (Health Codes / ADA- Disability issues, etc) -If “Yes” – Please explain what legal issues may be involved and any plan to address those issues:

[ ] Yes [ ] No Does this request generate any security issues (possible theft/ property destruction/ crowd control, etc.) that may require security personnel or other security measures? If “Yes” – Please explain what security issues may be involved and any plan to address those issues:

[ ] Yes [ ] No Does this request generate any parking or traffic flow issues? If “Yes” – Please explain what parking/traffic issues may be involved and any plan to address those issues:

[ ] Yes [ ] No Does this request have any possible detrimental Laney College program impacts? (Competing programs/ resources) If “Yes” – Please explain what possible impacts may be involved and any plan to address those effects:

[ ] Yes [ ] No Does this request require any additional support services from the college (Custodial/ other business services)? If “Yes” – Please explain what services are needed:

[ ] Yes [ ] No [ ] Unknown Does this request generate any impact on State Space Allocation Status (overbuilt/ available) If “Yes” – Please explain any known or potential impact to campus space status:

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 (this application will suffice)

***\*Email Completed Form to: Director of Business and Administrative Services– Chungwai Chum (******cchum@peralta.edu******). Please cc Facilities Planning Co-chair Stephen Corlett (******scorlett@peralta.edu******)***

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| **Facility Committee Response Area:** |

DATE:

The committee has made the following Recommendation to the President:

Status/ Next Steps in the Process:

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| **College President Response Area:** |

DATE:

The Laney College President in response to this Application for Facility Space (within 3 weeks of receiving Facility Planning Committee recommendation):

[ ]  Approved Request [ ]  Denied Request

[ ]  Conditional – Based on the following conditions:

Signature:

Explanation:

Status/ Next Steps in the Process: