**APPLICATION FOR FACILITIES REQUEST – (URGENT)**

**Facilities Planning Committee**

*(Approved 12/3/15)*

***This Form is for Urgent Department Facility Need or Space Allocation – due to Legal Mandates/ Safety factors. Other facility requests should follow Program Review/APU processes***

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| **Submit one Application per: Facilities project/ repair/ space allocation/ Furniture, Fixture, or Equip. request** |

**Department/ Program**:

**Contact Person**:

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

**Date**:

**Location:**

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

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| **Type of Request -- (Check All the Box(s) That Apply):** |

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|  | **Furniture, Fixture, or Equipment** |  |  | **Maintenance** |
|  | **Equipment Repair** |  |  | **Deferred** |
|  | **Installation** |  |  | **Preventative** |
|  | **Routine Facilities Care / Cleaning** |  |  | **Ongoing** |
|  | **Space Allocation/ Reallocation** |  |  |  |
|  |  | | | |
|  | **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. | | | |

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| **Justification of Request**- *Address Any of the Following Criteria that Apply:* (1) Viability of Program/ Service/ (2) Immediate Health or Safety Risk/ (3) Legal Mandate (Health Code, ADA) / (4) Indicated in Institutional Planning (Prog. Rev, Ed Mast Plan, Facility Master Plan)/ (5) Inst. Effectiveness (Impact on students: access, success, # impacted)/ (6) Collaboration with other Programs/ Depts. |

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| **Justification for Expediency**: *Please Explain Why this request cannot wait to be submitted via departmental Program Review/ APU processes (Legal mandates / Health & Safety/ Other mitigating factors)* |

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| **Institutional Justification**: |

Yes No Immediate Health or Safety Risk

Yes No Legal Mandate (Health Code / ADA Disability, etc)

Yes No Has this item been identified in the assessment process? If Yes, Please describe how:

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| **Department / Program Priority RANKING** (different requests may have the same ranking) |

4 - Critical  3 - Important  2 - Moderate  1 – Minor

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

***\*Email Completed Form to: Facilities Planning Committee Chairs – Phyllis Carter and StephenCorlett (***[***pcarter@peralta.edu***](mailto:pcarter@peralta.edu) ***and*** [***scorlett@peralta.edu***](mailto:scorlett@peralta.edu)***)***

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| **Facility Committee Response Area:** |

The committee has made the following Recommendation to the President:

Status/ Next Steps in the Process: