**EQUIPMENT NEEDS ASSESSMENT APPLICATION**

**Fall 2019**

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| Name of Person Submitting Request: |  |
| Program or Service Area:  |  |
| Division: |  |
| Date of Last Program Efficacy: |  |
| What rating was given? |  |
| Equipment Requested |  |
| Amount Requested: |  |
| Strategic Initiatives Addressed: |  |
| Needs Assessment Resources (includes Strategic Initiatives): | <https://www.valleycollege.edu/about-sbvc/campus-committees/academic-senate/program-review/needs-assessment.php> |

NOTE: To facilitate ranking by the committee, submit separate requests for each item; however, multiple items can be submitted as one request if it is required that the equipment is packaged together.

Replacement ☐ Additional ☐

Are there alternative funding sources? (for example, Department, Budget, Perkins, Grants, etc.)

Yes ☐ NO ☐

If yes, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Provide a rationale for your request. (Explain, in detail, the need for this equipment.)

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1. Indicate how the content of the department/program’s latest Efficacy Report and/or current EMP supports this request and how the request is tied to program planning. *(Directly reference the relevant information from your latest Efficacy Report and/or current EMP in your discussion.)*

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1. Indicate any additional information you want the committee to consider *(for example, regulatory information, compliance, updated efficiency, student success data, planning, etc.).*

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1. Indicate any related costs (including any ongoing maintenance or updates) and department/program’s plans to support those costs.

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1. What are the consequences of not funding this equipment?

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