**FACILITIES 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? |  |
| Amount Requested (if available): |  |
| 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 project; however, multiple items can be submitted as one request if it is required that the projects are packaged together.

**You are required to meet with Robert Jenkins--Director, Facilities, Maintenance, & Operations—by WEDNESDAY, OCTOBER 9 if you are submitting a Facilities Needs Request. 909-384-8662 or** **rjenkins@sbccd.cc.ca.us****.**

**Please provide the date of your meeting:**

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Capital Improvement ☐

Brief Statement of Request:

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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 project.)

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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. What are the consequences of not funding this facilities request?

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