

SAN DIEGO CITY COLLEGE

Capital Project Request Form

INSTRUCTIONS:

*This form should be used when requesting new, permanent space, improvements, or renovation to campus facilities that was not included in the Facilities Strategic Plan or the bond prioritization list. This form should be completed on behalf of the Division/Department, and submitted for approval in accordance outlined process, policies, and procedures. **FUNDING REQUEST FOR PROJECTS NOT IN FACILITY PLAN MAY ONLY BE FUNDED IF RESOURCES ARE AVAILABLE AT THE END OF THE BOND PROGRAM PHASE.***

PROCESS:

1. Complete this form in its entirety.
2. Sign form as the requester.
3. Have the Division Dean sign and approve the form.
4. Have the Division Vice President sign and approve the form.
5. The signed form should be submitted to the Vice President of Administrative Services (VPAS) for review **via email**.
6. The VPAS will evaluate the request, and present to the Facilities Planning Committee for approval at the next scheduled Committee meeting.
7. **APPROVAL IS FOR EXPLORATORY CONSIDERATION ONLY AND DOES NOT GUARANTEE FINAL DISTRICT APPROVAL.**
8. If approved by the Facilities Planning Committee, the request will be presented to College Council for approval.
9. If approved at College Council, **THE VPAS WILL WORK WITH DISTRICT VC OF FACILITIES TO DETERMINE IF FUNDING IS AVAILABLE.**
10. **APPROVAL OF THIS FORM DOES NOT GURANTEE FUNDING, NOR DOES IT GUARANTEE APPROVAL FROM DISTRICT FACILITIES**
11. The Requester, Division Dean, & Division VP will be notified via email of the result.
12. If approved, the requester will be contacted by Administrative Services to facilitate next steps.
13. Unauthorized projects, upgrades, site improvements, renovation, or construction will be the responsibility of the requester/department.
14. Visit [Facilities Planning Page](#) and [Administrative Services Page](#) for additional information and resources

Requestor:		Date:	
Department:		Program:	
Requested Room #:		Estimated Cost:	

Please describe your CURRENT space and how you are utilizing this space to meet your Program/Department needs. How will this new project impact your Program/Department and overall campus operations? (Please limit response to 500 words)

Please include priority assessment (Urgent, Essential, Important, Discretionary) and project timeline

Please describe how this project will impact Student Success. (Please limit response to 300 words)

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Does this project align with City College's Mission and Strategic Plan? (Please limit response to 300 words)

How often will your new space be used in a 24 hour period?

- | | | | | | | | | |
|------------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 7am | <input type="checkbox"/> 8am | <input type="checkbox"/> 9am | <input type="checkbox"/> 10am | <input type="checkbox"/> 11am | <input type="checkbox"/> 12pm | <input type="checkbox"/> 1pm | <input type="checkbox"/> 2pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 3pm | <input type="checkbox"/> 4pm | <input type="checkbox"/> 5pm | <input type="checkbox"/> 6pm | <input type="checkbox"/> 7pm | <input type="checkbox"/> 8pm | <input type="checkbox"/> 9pm | <input type="checkbox"/> 10pm |
| <input type="checkbox"/> Wednesday | | | | | | | | |
| <input type="checkbox"/> Thursday | | | | | | | | |
| <input type="checkbox"/> Friday | | | | | | | | |
| <input type="checkbox"/> Saturday | | | | | | | | |

If not included in the current bond, did you include your request in your Program Review?

YES NO

Does this request include funding from an alternate Source?

YES NO

Will this request require temporary swing space?

YES NO

Approvals

Requestor

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Dean

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Vice President

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

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FOR FACILITIES PLANNING COMMITTEE USE ONLY

1. Reviewed by Vice President of Administrative Services

Signature **Date**

2. Is the Space Available? YES NO

3. If Yes, will the request meet the program needs?

4. Is this request approved?

5. If no, please provide justification:

