

Please use this form to request an alterations, renovations, remodeling or equipment installations to or in any of the College's facilities. **All modifications** to a space or its use must be supported by the current Educational Plant Survey, meet all applicable code requirements and comply with space standards in Florida Standards for Educational Facilities (SREF). Please contact the Director of Facilities Planning & Construction for assistance in completing this form.

Requestor: _____ Date: _____

Email: _____ Phone: _____

Campus: _____ Building: _____

Room number/s involved in project: _____

General Project Description:

Described Benefit to Instructional Programs or College Support Service:

Requestor's estimated total project cost:

- | | |
|---|---|
| <input type="checkbox"/> \$0 - \$5,000 | <input type="checkbox"/> \$35,001 - \$100,000 |
| <input type="checkbox"/> \$5,001 - \$35,000 | <input type="checkbox"/> Above \$100,000 |

Will the requested project change how the facility space is used?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If Yes, please identify the current academic program or support service use and which program or service will assume use of the space in the future.

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Will any existing labs or classrooms be used for a different purpose as a result of this project?

Yes

No

If Yes, please identify the reclassification (change in intended use) of the space:

Will the project change the number of staff or students occupying the spaces ?

Yes

No

If Yes, please identify the current occupancy and the targeted occupancy for the space:

Are funds currently available to complete the project?

Yes

No

Please provide the Department account number, account name and amount of existing funding:

Describe any deadlines or constraints for completing the proposed project:

Administrative Approval

Dept.

Director/Chair: _____

Date: _____

Associate VP

or VP: _____

Date: _____