

Facilities Project Request (FPR) Through the AUP

Facilities Project Requests are submitted in two stages:

1. Feasibility Study – Section 1

- a. Submit to the Facilities Director for review and input
- b. Send electronically to Loren.Holmquist@gcccd.edu
- c. Due on June 1

2. Finalized Facilities Project Request (FPR) – Section 2

- a. Feasibility Study must be completed first
- b. **Submit the Finalized Facilities Project Request and submit in Nuventive.**

Facilities Project Request (FPR) Feasibility Study

Objectives of the Feasibility Study:

1. Provide programs **the opportunity to envision projects** in a draft form
2. **Determine the appropriateness of the request** for review by the Facilities Committee (it may be more appropriately handled by a capital campaign or routine maintenance)
3. **Garner support from the Facilities Director** who will provide input and suggestions for the final submission of the FPR to the Facilities Committee

Required Signatures for the Feasibility Study (*Obtain **before** the due date of June 1*)

1. Requestor – Program Chair or Supervisor
2. Manager – Division Dean or Director
3. Vice President – Of the requestor’s division

EXAMPLES of FPR projects

Type	Yes FPR	No FPR
Funds	No Department Funds	Funded
Furniture	New Classroom Furniture	Single office desk chair
Maintenance	New lighting fixtures	Drains need cleaning
Equipment	Attached to building - Fume hood	Dept. refrigerators and specialty equipment
Space Change	Relocation, move/add walls, architectural signage	Replacing old furniture with same footprint
Large Projects	Not in Facilities Master Plan - Gizmo Kitchen Pantry	In Facilities Master Plan - Swimming Pool

Note: To purchase furniture/equipment, or to request a move of furniture/equipment, work through your Dean/Director and Facilities Director. You do not use an FPR form for these requests.

- Not sure if the project should go through the FPR process? Email loren.holmquist@gcccd.edu

Facilities Project Request (FPR)

Section 1 - Feasibility Study

Date: _____

FPR#: _____ (Office Use)

Requestor's Name: _____

Phone: _____

May we contact you in the summer if questions arise? Yes No

If yes, please provide contact information if different from above. _____

If no, please provide name and phone number of summer contact: _____

Department/Program: _____

Project Name: _____

(Brief phrase identifying need such as "World Languages Lab Expansion")

Project Location (building/room number): _____

A. Project Description *Please be specific and thorough. You may attach a diagram or sketch of the proposed project to help illustrate your project. Word count suggestion: 100 to 500 words.*

B. Project Category (check all that apply)

- Technology: audiovisual, computers, data, software, or phones
- Construction: building or structure modification or new construction
- Electrical, mechanical, plumbing
- Landscape or outdoor project
- Furniture or space utilization:
 - Reconfiguration of furniture
 - Reconfiguration of the layout of a shared space
 - New furniture (For individual offices, a different process is used: please see your dean.)

C. Safety/Health Concern *Is your project an OSHA concern? (Occupational Safety and Health Administration)*

Yes No Unsure

Comments: _____

D. FMO Impact *Will your project require extensive labor or time from Facilities, Maintenance, & Operations staff?*

Yes No Unsure

Comments: _____

E. **Student Impact** *Briefly explain how your project affects students, including in terms of academic success, accessibility, retention, equity, and guided pathways. Word count suggestion: 100 to 500 words.*

F. **Campus Impact** *(List the other departments, programs, or services that may be impacted by this project).*

G. How many students will benefit from your project?

H. **Project Support**

Is your project previously recognized in the college planning processes? Check all that apply.

- | | | | |
|------------------------------|-----------------------------|---------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | Department or Program Annual Plan _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | College or District Facilities Master Plan (Link) _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | Grossmont College Strategic Plan (Link) _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | Student Success and Equity (Link) _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | Sustainability Impact (Link) _____ |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | ADA Accessibility (Link) _____ |

I. **Budget**

Estimated Cost (if known): _____

Potential/Recommended funding source: _____

J. **Timeline**

Ideal target date: _____

Consequence if target date unmet: _____

K. **Signatures** *Please secure signatures before submitting your Feasibility Study to the Facilities Director. Feasibility Studies without signatures will be returned. This may jeopardize the success of the submission.*

Chair/Supervisor (print name & signature): _____ Date _____

Dean/Director (print name & signature): _____ Date _____

Vice President (print name & signature): _____ Date _____