

PALOMAR COLLEGE
Facilities Review Committee Request for Facilities Change
Proposed Project Construction Package
STEP-2 Cover Sheet

Project Name _____ Contact Person _____ Ext. _____

The following items are included in this request for approval of the construction project:

- | | |
|---|---|
| <input type="checkbox"/> Step 1 Approved Proposed Change to Facilities Request Form | <input type="checkbox"/> Project Scope and Description Form |
| <input type="checkbox"/> Facilities Related Construction Items | <input type="checkbox"/> Current and Proposed Floor Plans |
| <input type="checkbox"/> Project Impacts | <input type="checkbox"/> Preliminary Cost Estimate(s) |
| <input type="checkbox"/> Funding Source | <input type="checkbox"/> Miscellaneous/Other |

The following people/positions have reviewed this construction package and have approved it to proceed to the next level:

- | | | |
|---|-------|---|
| <input type="checkbox"/> Department Chairperson/Director | _____ | Sign, Date and Forward to Division Dean |
| <input type="checkbox"/> Division Dean | _____ | Sign, Date and Forward Division Vice-President |
| <input type="checkbox"/> Division Vice-President | _____ | Sign, Date and Forward to Facilities Review Group |
| <input type="checkbox"/> Facilities Review Group | _____ | Sign, Date and Forward to Facilities Planning Committee |
| <input type="checkbox"/> Facilities Review Committee | _____ | Sign, Date and Forward to Vice-President |
| <input type="checkbox"/> Vice-President Final Approval to Proceed | _____ | Sign, Date and Forward to Facilities |

STEP 1: Approved Proposed Change to Facilities Request Form. Please attach the approved completed form. If you do not have the form you must process it *prior* to starting the second step of this process.

Project Scope and Description: Please fill in the following information:

Project Name _____

- San Marcos Campus Escondido Center Other Locations

Project Contact Person _____ Department/Division _____ Ext. _____

Project Description: Please provide a description of the project you are proposing:

Project Justification: Please provide the justification for this project including any problems with the current facilities and how this project supports your department/division's short and/or long-term master plans.

Ramifications: What are the ramifications, if any, if this project is not approved or funded?

Facilities Related Construction Items: Please check any of the areas that you feel may impact your project and what the requirements or impacts may be.

Facilities Issues

Electrical

HVAC

Special Construction

Computer Aided Drafting (CAD) Assistance

Major Utility Services

General Construction Conditions and Standards

Built-in Furniture, Cabinets and Counters

ADA Requirements

Special Code Requirements

Technology Issues – Information Services

Telephone

Data Lines

Modem Lines

Fax Lines

ISDN

4CNET

AV Enhancements – Audio Visual Department

Built-in TV/VCR/DVD

Ceiling Projects

Projector Screens

Electronic White/Smart Boards

Computer Station

Cable Feed/Coaxial Feed

Satellite Reception

Closed Circuit TV

Distance Education

Speaker System

Temporary Operating Conditions: Please provide a list of your requirements needed to provide at least minimal services during the construction time.

Storage Space

Office Work Spaces

Utility Requirements (electrical, phone, data, fax, etc.)

Surplus Furniture/Equipment

Special Needs

CAUTION: Please keep in mind the more requirements you list the less funding you will have available for your permanent location.

Other Items Related to Your Project: Please list any other items that you feel may be related to your project.

Floor Plans

- Current Floor Plans: Please attach the current building floor plan for the area you are proposing to change.

- Proposed Floor Plans: Please attach the proposed floor plans for the area you are proposing to change (If possible, please highlight the area of change).

- Proposed Furniture/Equipment Layout: Please provide a furniture or equipment layout plan.

Impact to other Areas: Please check any areas that may be impacted and how they may be impacted by your request to change the space.

Environmental Concerns

Staff Levels

Staff Work Spaces

Shared Spaces

Security

Cost Estimates: Please attach the preliminary cost estimate breakdown that you received from the Facilities Review Group.

Project Additions and/or Deletions: Please provide a list of additions and deletions, by priority that can be used to adjust the construction costs of the project to the available funding.

Additions by Priority	Deletions by Priority
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Funding Source: Please provide the following information.

Project Year of Construction _____ Department/Division Priority _____

Funding Source:

Department/Division _____ District UNR _____ District Designated _____

District Restriction _____ Grant _____ Foundation _____ Other _____ Funding Unknown _____

ACCOUNT NUMBER							
A/C	FUND	ORG	PROG	SUB-CLS	BY	PR/GRN	BUS UNIT

Project Review and Comments: Please list any outstanding concerns or items that have not been addressed in your project proposal: