



San Mateo County Community College District

Date: August 20, 2012
To: CSM Faculty, Staff and Administrators
From: Karen Powell
Re: CSM Facility Project Request Form
Copies: Jose Nunez

CSM is introducing a new Facilities Project Request Form, to provide a process whereby funding requests for facilities projects can be tracked and evaluated.

The Facilities Project Request Form is intended to close the gap between standard maintenance and operations services performed at no cost to the requestor, service requests for which the requestor has available funds to support implementation, and Capital Projects funded by local bond funds or State Capital Outlay funds. The intent is to pilot this process for a semester, and then to evaluate the submittal and evaluation process for efficiency and effectiveness.

Please utilize this form if you desire a facility upgrade or repair that:

- Requires a funding source (not included in standard facilities maintenance services)
- Lacks available funds to support implementation

This form is not intended for use to address emergency issues, e.g. an imminent threat to persons, property or equipment. In case of such emergency issues, please contact Facilities directly at ext. 6113.

Some examples of appropriate requests for this process include:

- additional electrical circuits in a given area
- install electronic locks at doors with manual locks
- replace, upgrade or add lighting
- replace or purchase furniture or fixtures, such as window treatments

Please complete the form and submit to your Dean or Administrator for approval. If approved by the Dean or Administrator, they will forward the form to Facilities to estimate the cost of implementation.

Once a cost estimate is developed, forms will be presented to the President's Cabinet for review and prioritization. The evaluation criteria will include consideration of any prior documentation of the request, via Program Review, Student Learning Outcomes, or other institutional planning documents.

If the proposed project is approved and funding is available, you will be contacted by Facilities to schedule implementation. If approved in concept, however funding is not available, forms will be held pending availability of funds. If / when funding becomes available, projects will be re-evaluated to insure the highest current priorities are addressed.



SMCCCD FACILITY PROJECT REQUEST FORM

College: _____

Requestor Name & Title: _____

Division or Work Area Name: _____

Building Name / Number _____

Specific Room Number(s) (if applicable) _____

Request Date: _____

Is this an emergency (imminent threat to persons, property or equipment)?

If an emergency, do not complete this form. Please contact Facilities immediately at ext. 6113

Please provide a brief description of the work you would like to have done. Please include any pricing or cost estimates you may have:

Multiple empty lines for providing a description of the work.

Has this need been articulated via Program Review, Student Learning Outcomes, or other institutional planning documents? If so, please attach a copy of the relevant section of the document.

Submitted by: _____
Signature Date

Dean or Administrator Approval: _____
Signature Date

Campus Facility Manager's estimated project cost: _____

PROJECT AUTHORIZATION

President / Vice-President

Vice-Chancellor, Facilities Planning, Maintenance & Operations

Account Code to fund work: _____