**Facilities**

**NEEDS ASSESSMENT APPLICATION**

Facilities: Programs should list no more than three facility or renovation items. Identify the area in need of physical renovation, maintenance and/or repair. Requests for additional space should also be listed here. *Requests* *listed in this category will be forwarded to the Facilities Committee to evaluate through their own processes.* Provide a thorough rationale to help the Facilities Committee evaluate your request. List the approximate cost of your request.

|  |  |
| --- | --- |
| Name of Person Submitting Request: | **Priscilla Taylor****Tamara Maurizi** |
| Program or Service Area:  | **Nursing Offices HLS 100** |
| Division: | **Science** |
| When was the last Program Efficacy document completed? | **Spring 2008** |
| What rating was given? | **continuation** |

1. Renovation Request

|  |
| --- |
| Plexi glass to surround front secretary desk. Raise desk area so that students can not read applications that are being processed by the secretary. Electronic gates to separate HLS 100 lobby and faculty offices.  |

Approximate Cost:

1. Renovation Request

|  |
| --- |
|  |

Approximate Cost:

1. Renovation Request

|  |
| --- |
|  |

Approximate Cost: