**EQUIPMENT NEEDS ASSESSMENT APPLICATION**

**Fall 2014**

|  |  |
| --- | --- |
| Name of Person Submitting Request: |  |
| Program or Service Area:  |  |
| Division: |  |
| Date of Last Program Efficacy: |  |
| What rating was given? |  |
| Equipment Requested |  |
| Amount Requested: |  |
| Strategic Initiatives Addressed:(See Appendix A: <http://tinyurl.com/l5oqoxm>) |  |

Replacement ☐ Growth ☐

1. Provide a rationale for your request.

|  |
| --- |
|  |

1. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request. How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy.)*

|  |
| --- |
|  |

1. Indicate if there is additional information you wish the committee to consider *(for example, regulatory information, compliance, updated efficiency, student success data, planning, etc.).*

|  |
| --- |
|  |

1. Evaluation of initial cost, as well as related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources (*for example Department, Budget, Perkins, Grants, etc.*).

|  |
| --- |
|  |

1. What are the consequences of not funding this equipment?

|  |
| --- |
|  |