**FACILITIES NEEDS ASSESSMENT APPLICATION**

**Fall 2014**

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, **using data to support your request**, in order to help the Facilities Committee with their evaluation. List the approximate cost of your request.

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

Replacement ☐ Growth ☐

1. Renovation Request

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Approximate Cost:

1. Renovation Request

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Approximate Cost:

1. Renovation Request

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Approximate Cost: