|  | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Space Request** | | | | | | | | |
| Expansion of Existing Program or Administrative Function | | | | | | |  | |
| Amount of Additional Space Required: | | | | |  | | | |
| Justification: | | | | |  | | | |
| Estimated Cost of New Furnishings: | | | | |  | | | |
| Estimated Cost of New Equipment: | | | | |  | | | |
|  | | | | | | | | |
| Renovation or Conversion of Existing Space | | | | | |  | | |
| Description of Existing Space: | | | | |  | | | |
| Justification: | | | | |  | | | |
| Scope of Work to be Performed by SCC: | | | | |  | | | |
| Scope of Work to be Contracted: | | | | |  | | | |
| Additional Utilities Required: | | | | |  | | | |
| Additional Expense: | | | | |  | | | |
|  | | | | | | | | |
| Source of Funds: | |  | | | | | | |
|  | | | | | | | | |
| Requested By: | |  | | | | | | |
|  | | (Dean, Director, Program Coordinator) Date Submitted | | | | | | |
|  | |  | | |  | | | |
| Approvals: | | | | | | | | |
|  | | | | |  | | | |
|  | **Approved** | |  | **Denied** | Executive Vice President and CFO | | | Date |
|  | | | | |  | | | |
|  | **Approved** | |  | **Denied** | President | | | Date |