**Request:** This form is for a single space change request which may include a remodel to an existing space, a relocation to a new space, or changing the use of a space. Each request is submitted to the **Facilities and Technology Committee** **(FATC).** The FATC evaluates the Space Change Request*,* and any supporting technology or logistical alterations needed to execute the request. The FATC makes a recommendation to College Council regarding the prioritization and implementation of each request in alignment with the goals and objectives of the [Equity-Centered Strategic Plan](https://www.shoreline.edu/about-shoreline/documents/ShorelineCoCollege_EquityCenteredStratPlan2024_022924%20v6.pdf" \l "page=29).

1. If approved by College Council, the request is sent to the Executive Team for its review and consideration.
2. If approved by the Executive Team, the FATC Chair notifies the requestor of the approval, and the next steps required to execute the request.

**Request Type**:  TSS Remodel  CSS Remodel  Facilities Remodel  
 Department Relocation  Space Use Change (e.g., classroom to offices)

**NOTE:** If the box for TSS, CSS, or Facilities Remodel is checked, a signature from the respective director is required. If you are unsure of what TSS, CSS, or Facilities changes are needed for the new space, please contact that director for a preliminary consultation as you complete this form.

**NOTE:** For individual office moves within a department/division, please work with the Dean/Director. For Facilities assistance with office moves, please submit an [SCC Work Order](https://dlweb.megamation.com/shorelinecc/DLWEB.php/O4W_INFO_PAGE). For assistance from TSS or CSS, please submit a helpdesk ticket to [support@shoreline.edu](mailto:support@shoreline.edu).

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| **Project Title:** |  |
| **Date of Request:** |  |
| **Requestor:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Department/Division:** |  |
| **Desired Completion Date:** |  |
| **Is there a funding source?** | Yes or  No |
| **Budget Code (ctcLink):** |  |

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| [Enter response here.] If requesting a remodel, provide a description of desired changes. If requesting a relocation, provide a description of desired changes along with a table that outlines the following: current name(s), current room number(s), and new room number(s) in proposed space. |

1. Please provide a summary of your requested changes:
2. Who are the current occupants of the space (as applicable), and have they been notified of the proposed change? Has this been discussed with teams, deans, directors, VPs, and other areas that will be impacted?

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| [Enter response here.] Have all teams (departments) impacted by the request been notified? Have Faculty and Classified Collective Bargaining Agreements been reviewed for space allocation adherence? |

1. Describe how this request supports Shoreline CC’s mission, vision, values, and [Equity-Centered Strategic Plan](https://www.shoreline.edu/about-shoreline/documents/ShorelineCoCollege_EquityCenteredStratPlan2024_022924%20v6.pdf#page=29).

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| [Enter response here.] Please reference the goal and number within the strategic plan. For example, enter “C4” and a description if the request aligns with “C4. Align the Strategic Plan goals and objectives and College mission statement with State directives and best practices.” |

1. List the benefits of implementing this space change request. Where possible, quantify the benefit  
   (e.g., improved access, revenue, or compliance, reduced staffing costs, etc.).

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| [Enter response here.] Please pull information from other documents and insert here. Do not incorporate by reference or provide links. |

1. What impact would this request have on the students, other departments, programs, or daily college operations?

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| [Enter response here.] |

1. What facilities services would be needed to support the space change request?  
   (e.g., furniture, file cabinets, supplies, maintenance, custodial, etc.)

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| [Enter response here.] |

1. What technology services would be needed to support the space change request?  
   (e.g., electrical outlets, ethernet connections, telecommunications, printers, computers, etc.)

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| [Enter response here.] |

1. Please describe any specific Classroom Support Services updates, equipment, configuration, etc. for this space change request (e.g., podium, A/V equipment, projector, etc.)

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| [Enter response here.] |

1. If your space change request is not approved, what alternatives can address your needs?

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| [Enter response here.] |

1. Please provide a breakdown of estimated costs to implement this space change request.

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| [Enter response here.] Please work with Facilities, TSS, and CSS to provide cost estimates. |

1. If this space change request is for a conversion of assigned space to a different use (e.g., classroom space converted to office space), briefly describe how this request supports the SCC mission, vision, values, and Equity-Centered Strategic Plan.

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| [Enter response here.] |

1. What other campus support is needed to fulfill this space change request? (parking, security, website updates, communications/marketing, signage, etc.)

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| [Enter response here.] |

Supervisor Approval: Date:   
 Print Name & Signature of Dean/Director

Department Approval: Date:   
 Print Name & Signature of Vice President

Facilities Approval: Date:   
 Print Name & Signature of Director of Facilities & CP

CSS Approval: Date:   
 Print Name & Signature of Director of CSS

TSS Approval: Date:   
 Print Name & Signature of Executive Director of TSS

Concept Approval: Date:

Print Name & Signature of Executive Team Member

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| **FATC Review Date:** Recommendation to College Council:  Yes  No  [Enter additional comments as needed.] |
| **College Council Review Date:** Recommendation to Executive Team:  Yes  No  [Enter additional comments as needed.] |
| **Executive Team Review Date:** Approval?  Yes  No  [Enter additional comments as needed.] |