

## **Space Allocation Request Form**

## **Space Allocation Process**

All space at Napa Valley College belongs to the District and is allocated by the District to meet the needs of the campus community. Space is a limited resource and consequently must be managed in a responsible manner to best advance the District's mission and strategic priorities. As such, decisions about space allocation need to be made carefully, involving consultation with all affected stakeholders and remain consistent with District guidelines in the support of students. Space will be allocated to ensure occupants have the physical environment best suited to their role in the organization and to the benefit of NVC. *This process is intended to be used when a department is requesting moving into new space that they are not currently occupying.* Requests for <u>faculty office moves</u> should be initiated through Department of Academic Affairs.

Completed request forms must be signed off on by the area VP and sent to the Facilities Department for initial review. If more information is needed, it will be sent back to the Requestor for further details. Once the space allocation request has been reviewed by Facilities Department staff, it will be presented to the Facilities Committee at their District meetings for final review. If more information is needed, it will be sent back to the Requestor for further details. Once the Facilities Committee reviews the space allocation request, it will be forwarded to President's Cabinet for recommendation and final decision-making.

The following criteria will be used for evaluation:

- Does this expansion or modification request directly benefit student experience?
- 2. Is the space required, and/or necessary due to a commitment to or requirement by, outside authorities (i.e. Ed Code, Chancellor's Office, etc.)?
- 3. Is this request an immediate need?
- 4. Is the request needed to address the expansion of a program or service?
- 5. Did the department/program provide a solution to space allocation needs?
- 6. Will the request provide proximity to like services?
- 7. Are space allocation needs easily attainable?
- 8. Does the department have the financial support for the proposed changes to their area?
- 9. Is the space needed to address a new program or initiative? When does the space need to be available?

## Facilities Contact(s):

**Brooke Jackson** 

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| Name of Requesto      | r                     | Department/Area         | Phone                     |     |
|-----------------------|-----------------------|-------------------------|---------------------------|-----|
| Description of Boxus  |                       |                         |                           |     |
| Description of Requ   | est:                  |                         |                           |     |
|                       |                       |                         |                           |     |
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|                       |                       |                         |                           |     |
| Reason current space  | ce is not adequate fo | r the department/area's | needs:                    |     |
|                       |                       |                         |                           |     |
|                       |                       |                         |                           |     |
|                       |                       |                         |                           |     |
|                       |                       |                         |                           |     |
| ls this request for a | space that is current | ly occupied? □Yes □Ne   | <br>D □Unknown            |     |
| •                     | •                     | •                       | ? □Yes, List Name:        | □No |
| Requestor:            |                       |                         | Date:                     |     |
|                       | Signature and Printe  | d Name                  |                           |     |
| Manager/Dean:         | Signature and Printe  | d Name                  | Date:                     |     |
| Vice President:       | Signature and Printe  | d Name                  | Date:                     |     |
|                       | Signature and Finite  | u Name                  |                           |     |
| Facilities Manageme   |                       | <b>-</b>                | Date:                     |     |
| ⊔More Information N   | Needed From Requesto  | r ⊔Forward to Facil     | ties Committee For Review |     |
| Facilities Committee  |                       |                         | Date:                     |     |
| ☐More Information N   | eeded From Requestor  | ☐Forward to Cabi        | net For Recommendation    |     |
| COMMENTS:             |                       |                         |                           |     |
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