

Facility Modification Request – AR 6601  
Form 1 (Request Form)

Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Site/Location: \_\_\_\_\_

Department: \_\_\_\_\_

**Please initial below reviewed:**

Dean's Name: \_\_\_\_\_

Dean Initials: \_\_\_\_\_

Area Vice President's Name: \_\_\_\_\_

VP Initials: \_\_\_\_\_

**Note to Requestor:** Please make certain you have discussed this request and retained the appropriate initials of the Department Dean or Vice President before forwarding this Request Form.

Please answer the following questions:

1. Building Location: \_\_\_\_\_ Room Number: \_\_\_\_\_ Other Location: \_\_\_\_\_
2. Description of Location (e.g. north/south wall, interior, exterior of building):  
\_\_\_\_\_
3. Please describe the modification request:  
\_\_\_\_\_

4. Does this modification impact any of the following:

- a. Furniture/Workstations: Yes    No
- b. Data/Internet: Yes    No
- c. Surveillance: Yes    No
- d. Phone: Yes    No
- e. Network: Yes    No
- f. Other Low Voltage Work: Yes    No
- g. Electrical: Yes    No
- h. Mechanical: Yes    No
- i. Structural: Yes    No
- j. Other (Please describe):

5. Is this modification for the purchase of new instructional equipment? Yes    No  
If yes, how does this equipment support the instructional program/class and its use? Please explain.

6. If yes, are grant funds being utilized for the purchase of the instructional equipment? Yes    No  
If yes, please attach a copy of the grant application, program guidelines which describes the amount of funding available and the expenditure deadlines.    Yes, I have attached a copy.

7. Is there a timeline for when the grant funds must be spent and/or encumbered? Yes No  
Please explain timelines or deadlines.

8. Other information:

For internal College/Site use only (optional):

This request has been reviewed by the College/Site Facilities Director/Manager and/or others (i.e. ITS, Campus Media Services, Campus Safety, etc.) as determined necessary by the Site Responsible Originating Administrator (“ROA”). Verify and discuss with the ROA if any other required site reviews are needed before submitting this Form 1 for final ROA approval.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Site Facilities Director/Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward this request to the Responsible Originating Administrator (“ROA”) for further review and approval prior to sending this to the District Office Facility Planning, District Construction and Support Services department. ROA shall be one of the following: Chancellor, College President, Vice Chancellor, Vice President of Administrative Services or Assistant Vice Chancellor.**

ROA Review: The section below must be signed by ROA prior to returning Form 1 to DO Facilities.

ROA Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Are Funds Currently Available for this Request: Yes No**

**If yes, identify account number: \_\_\_\_\_ Amount \$ \_\_\_\_\_**

**Approved to be sent to DO Facilities for modification assessment: Yes No**

**If yes, please identify an account number for the Form 2 investigation: \_\_\_\_\_**

**The ROA is responsible for reimbursing all expenses associated with the Facilities assessment if applicable (i.e. on-call architectural, on-call structural engineers, other consultants, etc.). DO Facilities shall return a Form 2 to the ROA upon the completion of the investigation along with a total of any costs incurred for the assessment. Costs are incurred depending on the scope of the request.**

**If no, please provide explanation:**

ROA Signature: \_\_\_\_\_ Date: \_\_\_\_\_