



# **Facility Modification and New Construction Board Policy/Administrative Regulation 6601**

Facility Planning, Construction & District Support Services

Districtwide

September 10, 2025

# Overview

## **What is a Facility Modification?**

- ▶ Any addition to, removal of or alteration to existing facilities, including reconstruction, new construction, improvements to site or buildings, parking lot striping or parking reconfigurations.
- ▶ Alterations are not limited to projects within buildings and can occur anywhere on a facility or site.
- ▶ Routine maintenance is not an alteration

## **Why do we need a Facility Modification Process?**

- ▶ Board Policy and Administrative Regulation – BP/AR6601 California Education Code Sections 17295 and 81133
- ▶ California Code of Regulations, Title 24
- ▶ Community College Buildings are governed by The Field Act

# Board Policy 6601 and Laws

**References:** Education Code 81130, 81132, 81133, 81142, California Code of Regulations - Title 24, California Building Standards Code

- ▶ The District Office of Facility Planning, Construction & District Support Services shall oversee, coordinate, and approve all facility modifications and new construction to ensure compliance.
  - ▶ Minimize disruption of district service and classroom operations
  - ▶ Maintenance funds are not intended for funding such projects

# Compliance Thresholds & Reporting

## **DSA IR A-22**

- ▶ Projects  $\leq$  \$130,398 may be exempt from SS, FLS, and AC plan review (CAC §4-308).
- ▶ Still requires FMR submission and professional evaluation.

## **Accessibility (CBC 11B-202.4)**

- ▶  $\leq$  \$203,611: Up to 20% of construction cost must go towards accessibility (*Applies to alterations, additions, or repairs*)
- ▶  $>$ \$203,611: Full compliance with accessibility is required

## **FUSION / TOP Code:**

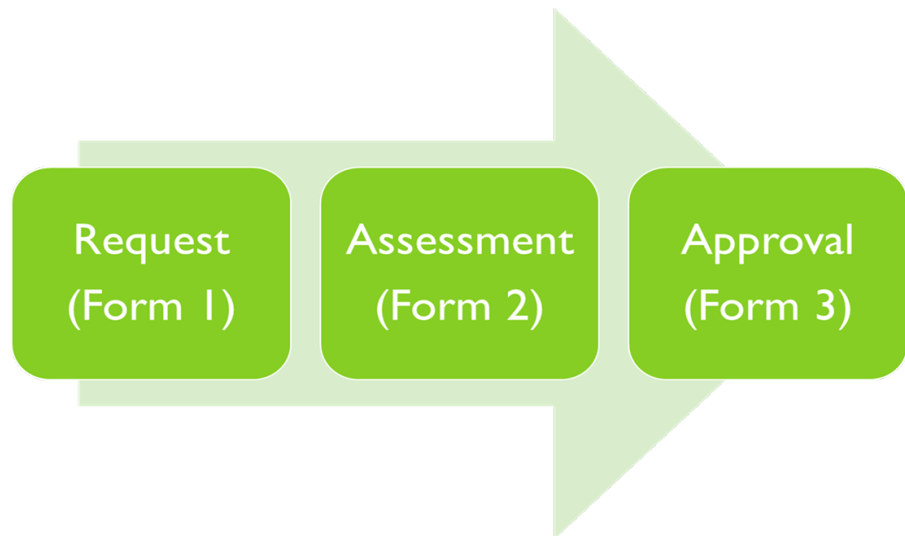
- ▶ Report any change in room use (e.g., classroom to office)
- ▶ Impacts District's space inventory
- ▶ Annual updates required by CCCCCO

# Common Types of Requests

Category	Examples of Requests	Considerations
<b>Furniture, Fixtures and Instructional Equipment</b>	New or replacement of projectors, flat screens Equipment upgrades, replacements, and repairs	Structural, fire life safety  Fire life safety, electrical, structural, mechanical
<b>Reconfigurations and Repurposing</b>	Office space and workstation reconfigurations Repurposing classroom space and converting use	Accessibility  Fire life safety, accessibility, occupancy, FUSION update
<b>New Work, Alterations, Retrofits, Improvements, Renovations and Upgrades</b>	Moving or adding a wall or partition New duct work Upgrade lighting New Data Ports	Structural, fire life safety, accessibility Structural Electrical Fire life safety

# FMR Process

- ▶ **Request** (Form 1) – Submitted by the College, Center, or DO to Facilities Planning
- ▶ **Assessment** (Form 2) – Submitted by Facilities Planning back to Requestor
- ▶ **Approval to Proceed** (Form 3) – Submitted by ROA (Responsible Originating Administrator)
- ▶ Implementation Phase – Facilities Planning
- ▶ **Close-Out** (Form 4) – Facility Planning, Construction & District Support Services



## REQUEST - FORM 1

**REQUESTOR / RESPONSIBLE ORIGINATING ADMINISTRATOR (ROA)**

THE RESPONSIBLE ORIGINATING ADMINISTRATOR TO PREPARE AND SIGN FORM 1

## ASSESSMENT PROCESS - FORM 2

Assessment duration can range from a few weeks to up to 90 days before FMR FORM 2 is issued back to the ROA for approval or denial. Therefore, FMR FORM 1 must be submitted well in advance of any anticipated need.

### DO FACILITIES: INTAKE & REVIEW

INTAKE & REVIEW FORM 1

VERIFY FUNDING

ASSIGN PROJECT MANAGER

### DO FACILITIES: INVESTIGATIONS

SITE OBSERVATION  
MEET WITH SITE STAFF  
CONDITIONS ASSESSMENT  
EXISTING CONDITIONS:  
• Noted Findings  
• Deficiencies  
• Corrective Actions  
RESEARCH  
REVIEW AS-BUILTS,  
REVIEW MASTER PLAN,  
REVIEW (E) DSA APPROVALS  
CLARIFICATIONS FROM ROA

### DO FACILITIES: ASSESSMENT FINDINGS & RECOMMENDATIONS

DETERMINE  
IMPACTS & SECONDARY IMPACTS  
CODE REQUIREMENTS  
DSA REVIEW REQUIREMENTS  
OTHER AGENCY APPROVALS  
NEED FOR DESIGN PROFESSIONALS  
NEED FOR ADDITIONAL OPTIONS  
  
SCOPE, BUDGET & SCHEDULE  
DEVELOP PRELIMINARY SCOPE  
DEVELOP ESTIMATED BUDGET\*  
DEVELOP ESTIMATED SCHEDULE\*  
\*Rough Order of Magnitude

PREPARE FORM 2 &  
FORM 3 FOR ROA  
APPROVAL.

DO FACILITIES ON-HOLD  
UNTIL FORM 3 IS  
APPROVED.

## APPROVAL - FORM 3

ROA APPROVES OR DECLINES FMR

THE WORK  
SCHEDULE BEGINS FROM DATE  
OF RECEIVED FORM 3 –  
AUTHORIZATION TO PROCEED

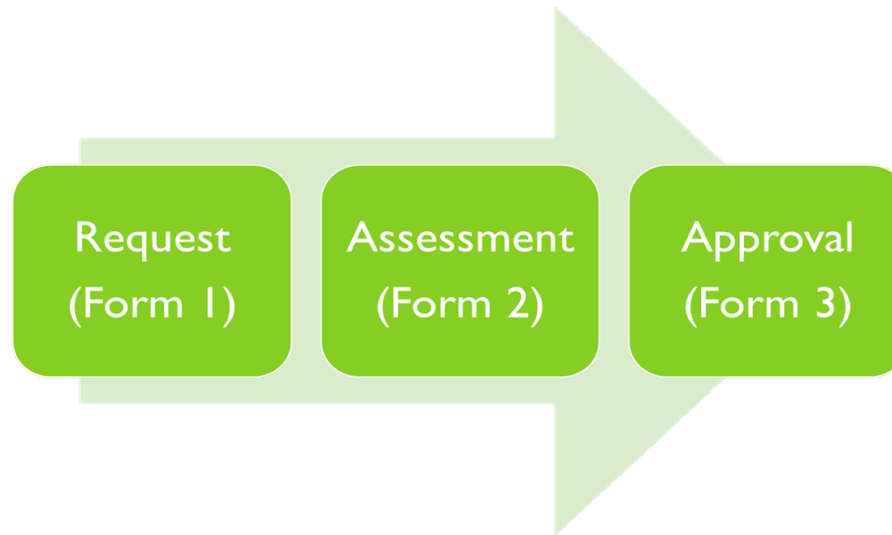
## CLOSEOUT - FORM 4

THE FMR IS CLOSED OUT DUE TO  
COMPLETION OR OTHER REASONS

# What You Need to Know

- ▶ Not all requests are the same. Requests vary in scope, size, budget, schedule, and will have various outcomes. Some requests are easier to assess than others.
- ▶ There is no fast-track approval process!
- ▶ Communicate with **ROA** as they **are Facilities Planning (DO's) point of contact**
- ▶ Ask yourself the following questions:
  - Would this modification impact accessibility, fire life safety, structural, mechanical, plumbing or electrical?
  - Would this change the occupancy of the space?
  - Would this change the use of the space?
  - Would this change reconfigure the space?
  - Would this equipment require electrical, data, or a change in the layout of the room?
  - Does this equipment meet all accessibility codes and requirements?
  - Is the work routine, recurring, and/or maintenance?

# FMR Forms



# FMR Form 1 (Request)

DO Facilities Use Only  
FMR No: \_\_\_\_\_  
Form 1

DO Facilities Use Only  
FMR No: \_\_\_\_\_  
Form 1

## 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:

**BE AS DETAILED AS POSSIBLE - THIS HELPS FACILITIES PLANNING TO BETTER DETERMINE OPTIONS, ESTIMATE BUDGETS AND TIMELINES.**

4. 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.  
\_\_\_\_\_  
\_\_\_\_\_
5. 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.
6. Is there a timeline for when the grant funds must be spent and/or encumbered? Yes  No   
Please explain timelines or deadlines.  
\_\_\_\_\_  
\_\_\_\_\_

7. Other information:

**PROVIDE AS MUCH INFORMATION REASONABLE**

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: \_\_\_\_\_

# FMR Form 2 (Assessment)

- Completed by Facilities Planning
- Relies on thorough information provide from Form 1 (Request)

DO Facilities Use Only  
 FMR No: \_\_\_\_\_  
 Form 2

**Facility Modification Request – AR 6601  
Form 2 (Facilities Assessment)**

Date: \_\_\_\_\_  
 Name of Facilities Assessor: \_\_\_\_\_  
 Site/Location Visited: \_\_\_\_\_  
 Provide Building: \_\_\_\_\_ Room Number: \_\_\_\_\_ Other Location: \_\_\_\_\_

**Describe Observations and Existing Conditions (Please attach additional pages if necessary):**

**Findings:**

- Does the scope of work associated with the modification request require any of the following:
  - DSA Fire Life Safety Review: Yes  No
  - DSA Structural Review: Yes  No
  - DSA Access Compliance Review: Yes  No
  - Other Agency Review: Yes  No  If yes, please describe.  
 \_\_\_\_\_
- Does this modification change the FUSION Space Inventory TOP code? Yes  No  If yes, please describe (e.g. change in use of space, reconfiguration).  
 \_\_\_\_\_
- Does this modification impact any of the following:
  - Data/Internet: Yes  No
  - Surveillance: Yes  No
  - Phone: Yes  No
  - Network: Yes  No

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05/06/2019 revised

DO Facilities Use Only  
 FMR No: \_\_\_\_\_  
 Form 2

- Other Low Voltage Work: Yes  No
- Electrical: Yes  No
- Mechanical: Yes  No
- Structural: Yes  No
- Other (Please describe):  
 \_\_\_\_\_

- Does this request require professional consultants or licensed consultants such as an architect, engineer or surveyor, other? Yes  No 
  - If yes, please describe what professional consulting assistance is required.  
 \_\_\_\_\_
  - If you require professional consulting assistance to complete a preliminary investigation, please describe what services are needed.  
 \_\_\_\_\_
- Are there potential unforeseen conditions or concerns that may trigger secondary effects or impacts? Yes  No  If yes, please describe.  
 \_\_\_\_\_
- Do you need further information from the requestor or others to complete this review? Yes  No  If yes, please describe.  
 \_\_\_\_\_

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05/06/2019 revised

DO Facilities Use Only  
 FMR No: \_\_\_\_\_  
 Form 2

**Summary Overview of Scope of Work:**  
 Please describe proposed scope of work necessary and/or options or other considerations associated with the request for modification, including whether or not a preliminary investigation is needed with the assistance of professional consultants to develop a scope of work, and if there are any secondary effects/impacts. Please attach additional pages if necessary.

**Estimated Budget: Check All That Apply**

A. The total project estimated budget is: \$ \_\_\_\_\_  
 See attached Budget Summary Worksheet

B. A preliminary investigation was completed and the revised total project estimated budget is: \$ \_\_\_\_\_  
 See attached Budget Summary Worksheet

C. A preliminary investigation is needed and the estimated budget is: \$ \_\_\_\_\_  
 See attached Budget Summary Worksheet

D. The total project budget cannot be determined until a preliminary investigation is completed.

**Estimated Schedule:**

A. The estimated duration of time needed to implement this request for modification is: \_\_\_\_\_

B. The estimated duration to complete a preliminary investigation is (if applicable): \_\_\_\_\_

**DO Facilities Recommendation: Check One Below**

FMR is:  Recommended to proceed to Form 3 – Approval of request  
 Recommended to proceed to Form 3 – Preliminary investigation is required  
 Not recommended to proceed  
 Other: Please describe  
 \_\_\_\_\_

**DO Facilities Form 2 Assessment Cost (to be reimbursed):** \$ \_\_\_\_\_

**DO Facilities Reviewers:**  
 Director (Name): \_\_\_\_\_ Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Assistant Vice Chancellor (Name): \_\_\_\_\_

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

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# FMR Form 3 (Approval)

## Facility Modification Request – AR 6601 Form 3 (Approval Form)

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

To: Responsible Originating Administrator (ROA)

From: District Office Facilities (DO Facilities)  
Facility Planning, District Construction and Support Services

Re: Facility Modification Request No. \_\_\_\_\_

Please see attached in regards to your Facility Modification Request:

Form 1 – Request Form

Form 2 – Facilities Assessment

Costs to be reimbursed to DO Facilities: \$ \_\_\_\_\_

1. ROA please select one:

- FMR Approved
- FMR Approved for Preliminary Investigation Only
- FMR Denied
- FMR Postponed/On Hold

If approved, please identify account number(s): \_\_\_\_\_

Amount \$ \_\_\_\_\_

2. ROA please select one, after the completion of a Preliminary Investigation (if applicable):

- FMR Approved
- FMR Denied
- FMR Postponed/On Hold

If approved, please identify account number(s) if additional funding is needed (if applicable): \_\_\_\_\_

Amount \$ \_\_\_\_\_

### NOTES:

1. All funds must be identified prior to the start of the project modification request. Any cost overruns shall be the responsibility of the ROA to find funds to cover all costs.
2. If this approval is for a preliminary investigation only, Forms 2 and 3 shall be revised and/or updated at the completion of the preliminary investigation. Further approval by DO Facilities and the ROA will be required.

Name of ROA: \_\_\_\_\_

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

Upon ROA signature please return Form 3 to DO Facilities.

- Completed by Responsible Originating Administrator
- Provide accurate and legitimate funding source

# How to Avoid Delays

- ▶ Be realistic about timelines and deadlines.
- ▶ Do not jump prematurely to a procurement phase without going through this FMR process if needed.
- ▶ Plan funding and timing of the availability of funding
  - ▶ Sometimes these do not align with the FMR approval process, particularly if professional consultants need to be hired and/or if DSA (or other agency) approvals are required.
- ▶ Incorporate your knowledge of these steps into your processes of review and prioritization.
- ▶ Decisions on whether to proceed need to be timely, as it only costs more later.
- ▶ Make timely decisions as to proceed or not, as delays = cost increases
- ▶ Prioritize requests with site ROAs.



# Sample FMR Projects

# FMR # 25-42 – SAC S213 Reconfiguration

## Request – Scope of Work (SOW)

- College requested to add one additional office and reconfigure six workstations
- In addition to the original scope, add additional offices

**Existing Conditions and Observations:**  
Suite S213 is currently shared between the Research Department and the Student Information Support Department. Specifically, S213-1 and S213-2/2A are under the Student Information Support Department, while the workstations in S213 are occupied by the Research Department.

The scope of work requested for the Facility Modification Request (FMR) includes the following:

1. Creation of one additional office within Suite S213.
2. Provision of two District-Standard workstations for two staff members (Student Information Support) relocating from S213-2A to the S213 open office area.
3. Provision of four District-Standard workstations for four staff members (Research) currently occupying the S213 open office area.



Building S - Suite S213 Existing Floor Plan

**Detailed Scope of Work/Recommendation:**

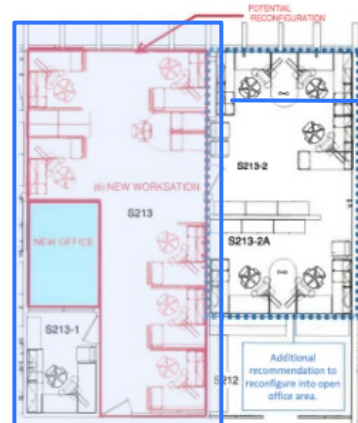
The requested work will require professional services from architects and engineers to provide comprehensive design services and DSA submittal if required. The proposed work will include the following scope of work:

1. Construct one new office, ranging from 100 to 130 square feet, on the north side of the existing S213-1 office.
2. Remove existing workstations and install six new District-Standard workstations in the open office area of S213.
3. Install new lighting fixtures to accommodate the new layout, including the added office.
4. Rezone the existing HVAC system to align with the layout changes.
5. Reroute power and low-voltage systems according to the new office and workstation layout.
6. Relocate the existing fire alarm strobe in compliance with code requirements.

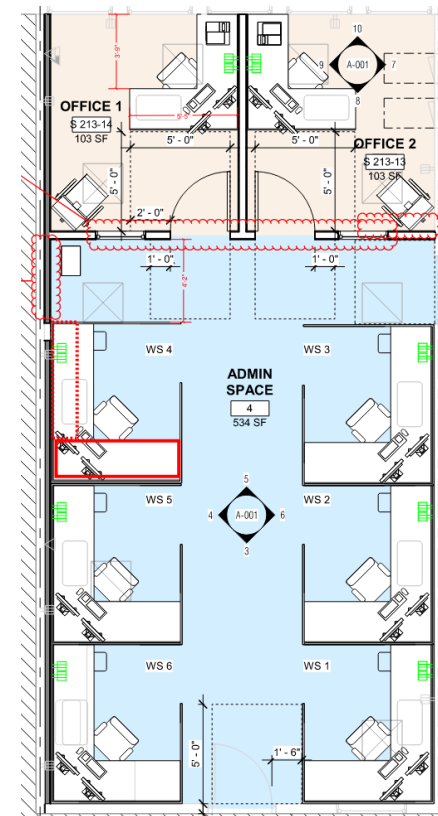
**Additional Recommended Scope of Work:**

1. Reconfiguration of S213-2 Office into open office by removing the partition wall.

*\*College to confirm if the additional scope is to be included with this FMR.*



Building S - Suite S213 Proposed Floor Plan



Final Design

# FMR # 25-42 – SAC S213 Reconfiguration

## **FMR Solution & Outcome**

- FP worked with leadership to accommodate the original and added scope

**Preliminary Budget:** \$165K (Assessment & Approved Budget)

**Projected Budget:** \$215K (In review)

## **Key Takeaway:**

- SOW – numerous changes by college – requires flexibility, budget updates, and constant communication

## **Successes:**

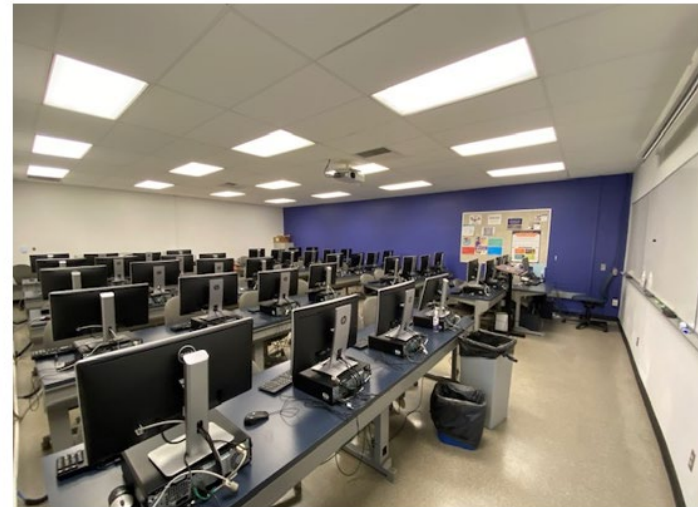
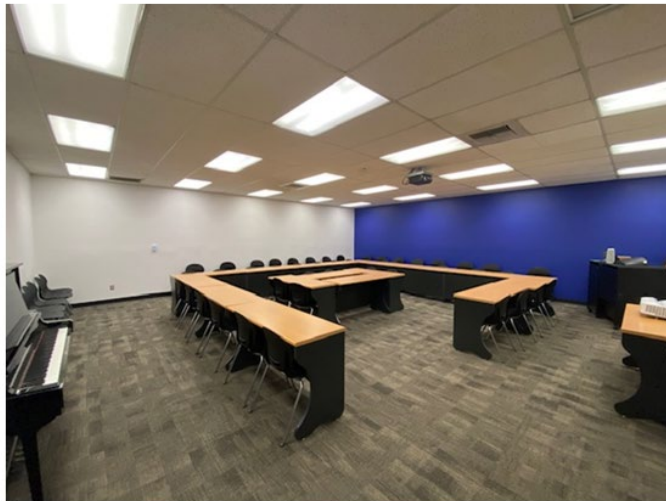
- Clear line of communication
- Approval at design phases (Schematic & Design Development phases) by the College Executive Work Group
  - Ensure all decision-making parties are engaged and document pertinent decisions/direction.

# FMR # 25-79 – SCC A209 Projector

## Request – Scope of Work (SOW)

- College proceeded to procure a vendor - Purchasing Services Dept. had to redirect to determine if FMR was required (determine A/E or College to proceed).
- Facilities Planning determined if DSA review is warranted.

Appendix A



Existing Site & Ceiling Space Conditions in Room A 209



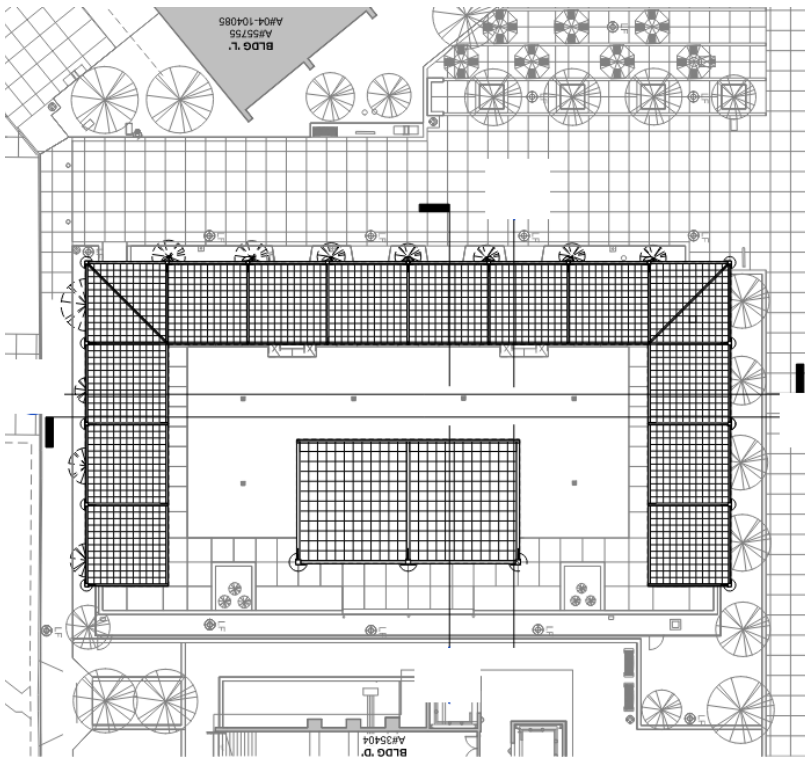
Existing Site & Ceiling Space Conditions in Room B 207



# FMR # 24-104 – SAC Dunlap Amphitheater Shade

## Request – Scope of Work (SOW)

- Provide shade structure for the center-stage amphitheater and perimeter seating.
- Include AV and lighting improvements.



# FMR # 24-104 – SAC Dunlap Amphitheater Shade

**Preliminary Budget: \$1.5M**

**Projected Budget: \$3M**

## **Key Takeaway:**

- User Group Expectation - if possible, confirm expectations early on in FMR process rather than at schematic design.
  - AV, Lighting
  - Surveillance Obstructions
  - PC vs. Custom - attachments / structural considerations
  - Budget Growth (**provide budget updates at milestones**)
  - Underground Utility Survey (Districtwide Survey)

# Available Resources

- ▶ All current FMR forms are available on the district website and employee intranet at: <https://intranet.rscgd.edu/Facilities/Pages/default.aspx>
- ▶ Reach out to your Responsible Originating Administrator (ROA) to discuss your ideas or thoughts before you even begin to think about procuring furniture, equipment, etc.

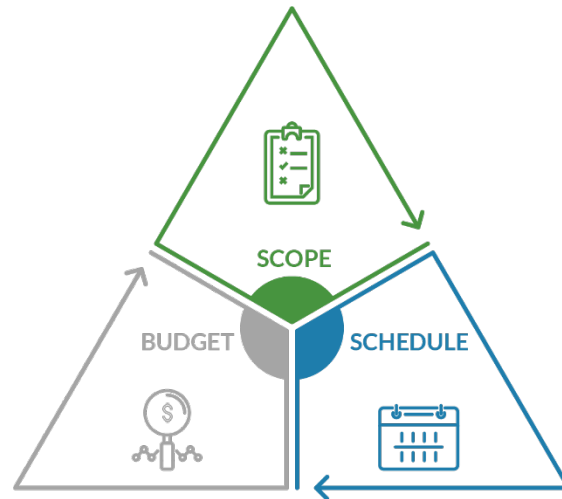
## **District Facility Office (714) 480-7510**

### **Management Team Contacts**

- ▶ Carri Matsumoto – Assistant Vice Chancellor
- ▶ Joe Melendez – Director
- ▶ Tae Kim – Director
- ▶ Hugo Curiel – Project Manager
- ▶ David Nakagami - Facilities Systems Manager
- ▶ Alejandro Alcala - Energy and Sustainability Manager

# Road to Success: Timing is Everything

- ▶ Advanced planning and communication (objectives)
- ▶ Plan B or other interim solutions/options (brainstorm)
- ▶ Aligning scope, schedule, and budget (expectations)





# Questions