## Hartnell Community College District Request for New or Additional Space

## ALL SPACE REQUESTS REQUIRE APPROVAL BY THE SUPERVISING DEAN/DIRECTOR AND VICE PRESIDENT

Main Alisal Castroville Soledad King City				
I. CONTACT INFORMATION:				
Requesting Program and/or Service: Cynthia Ainsworth, Faculty	Date: 10-2-24			
Name: Cynthia Ainsworth Phone: x6827	Email: cainsworth@hartnell.edu			
II. DESCRIPTION OF DEPARTMENT:				
A. Is this Request for a new program and/or service?  If yes, attach evidence that the new program and/or service has been approved through the procedures outlined in AP 4021.  If available, attach evidence that the most recent annual or comprehensive program planning and assessment (PPA) addresses program/service growth and corresponding physical space needs.				
B. Briefly describe the function of your program and/or service.  C. Number of full-time faculty, Number of part-time faculty, Number of staff, Number of student workers				
D. Do you anticipate the number of people in your program and/or service increasing	ng within the next two years? Yes No			
E. If yes, indicate anticipated growth:				
Number of full-time faculty, Number of part-time faculty, Number of staff, Number of student workers				
F. How much space do you currently have? (total assignable square feet) I have the same space, just two doors down.				
III. REQUEST FOR SPACE:				
III. III. QOZOT TOROTINOZI				
A. Describe why new/additional space is needed, including how this new/additional goals in the strategic plan. Attach supporting documents if appropriate. Address additional space is not approved.	s the implications to your program/service if			
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A. Describe why new/additional space is needed, including how this new/additional goals in the strategic plan. Attach supporting documents if appropriate. Address additional space is not approved.  B. New space will be used for: Instruction Research/Grant Administry Other, please specify  C. What attempts have been made to locate space within your current space allocate solve this need? Have shared space possibilities been explored?  D. Have you identified a suitable location for this new space that may be available?	ration Storage Student Support  ion? Has under utilized space been assessed to			
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G. Date Needed ASAP				
H. Provide information on any time constrain	 nts that may affect	the timing of allocation of the space	<b>,</b>	
11. Trovide information on any time constrain	nts that may affect	the thining of anocation of the space	··	
I. What are the costs associated with this proposal? If approved, what is the source of funds for this proposal?				
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RECOMMENDATION SIGNATURES (The	ne signatures below	indicate agreement that the space r	equest should be considered.	
Recommendation to proceed does not indicate	_		•	
Director Marianne Fontes (Oct 2, 2024 10:01 PDT)	Signature:		Date:	
Comments:				
Vice President: Kan Subrancijan	Signature:		Date:	
Comments:				
E			Alex Facilities Development	
Forward this completed form with the prop Council chair, Joseph Reyes, <u>ireves@hartn</u>				
council chair, obsepti recyes, <u>revestoraren</u>	contour co variessa	· modum(w)mm enemedu		
EACH TEIEG DEVEL ORMENT COUNCI	I ACTION			
FACILITIES DEVELOPMENT COUNCIL ACTION				
Date reviewed by Council:				
Action recommended by Council:				
Date Forwarded to Superintendent/President:				
SUPERINTENDENT/PRESIDENT DECIS	SION			
Decision by Superintendent/President:	Approved	Not Approved		
Signature:		11		
Date of Decision:				

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## Space Request\_C. Ainsworth

Final Audit Report 2024-10-02

Created: 2024-10-02

By: Marianne Fontes (mfontes@hartnell.edu)

Status: Signed

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