****Large (over $75,000)

Facilities Use Only

**Space Use Proposal**

**WENATCHEE** **OMAK**

**This form is for Space Use Proposals (SUPs) only.**

(Request maintenance via <https://dl.megamation.com/cgibin/oecgi2.exe/inet_wenatchee_login_pre>)

Describe the proposed improvement in full, using sketches and measurements to make the proposal clear. State the reason for the work below in the text field. Use a separate SUP form for each project.

Click here to enter text.

**Contact person(s) will receive an acknowledgment with assigned SUP number, please reference this number when contacting Facilities office and IT regarding this project.**

**PLEASE FILL OUT COMPLETELY (in the grey form fields)**

Building Name

Room No(s) or location

Project contact person       Phone No.(s)

E-mail address

Alternate contact person       Phone No.(s)

E-mail address

Date requested

**PROJECT DESCRIPTION**

**Proposed space use: ( identify space involved, changes in use proposed, and estimate time line for**

**changes to occur) Use the text field below.**

**PROJECT IMPACT**

**How does this change relate to the following: Use the text fields below each letter.**

1. Goals of the Department/Division

A. HISTORICAL

B. FUTURE

C. DETAILS OF CHANGE

D. FACILITY CHANGES AND IMPACTS ( see preliminary plan diagram)

2. Other Programs (if any)

**What outcomes are expected if this change in use is successful? What are the anticipated effects of this change?**

1. Students (FTES/FTEF ratio impacted will be determined with help from Facilities Committee and Planning Office)

1. Program/Division Impacts (What will improve?)

**PROPOSED IMPLEMENTATION PLAN**

**(click in grey field and type to enter content)**

|  |  |  |
| --- | --- | --- |
| Major Tasks | Key personnel | Target Completion Date |
| Equipment/Furniture | Faculty/staff and Planning/Grant Writing office and/or facilities/purchasing office |  |
| Budget for faculty/staff | Division/department/office and WVC Administration |  |
| Design Remodel | Division/department/office, Facilities Director, WVC Administration, and Architect |  |
| Remodel [space] and reallocation of [space] | [division/department/office] contractors, and Architects |  |
| Phone, Wiring, Computers, Networking | IT technician, contractors, Architects, |  |
| Other |  |  |

**Resources Required:**

Does implementation of this change in use require:

New staff position (s) (describe)

Assignment of new responsibilities to existing staff (describe)

Is office reassignment involved? If so, for whom? Identify personnel office changes

Requestor’s signature

Requestor’s name

Date Requested

Administrator signature

Administrator name

Date approved

Cabinet review date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V.P. Administrative Services signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget number (required\*)** — —

\*SUP will not be processed without assigned budget number(s) and administrative signature

***MAKE COPY FOR YOUR RECORDS***