

Request for Facility Modification and/or Repurposing

Renton Technical College

DIRECTIONS:

- Complete All Sections that Apply

Project #

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A. CONTACT INFORMATION:		
Requesting Department:		Date of Request:
Contact Name:	Contact Phone:	Contact Email:

B. REQUEST TYPE	
<input type="checkbox"/> Office Move (Complete Section C, E, F, and G)	<input type="checkbox"/> Modification and/or Repurposing of Space (Complete Section D, E, F, and G)

C. OFFICE MOVE REQUEST	
Building Name:	Room Number:
Date Needed: When does the work need to be completed?	
Furniture Needs (Furniture does not move between spaces):	
IT Needs:	

D. REQUEST FOR MODIFICATION OF SPACE:	
Building Name:	Room Number:
Date Needed: When does the work need to be completed?	
Why is the modification and/or repurposing needed? Please include possible positive and adverse impacts on other departments if this modification occurs.	
How does this modification and/or repurposing of space benefit students?	
What are the implications if the modification and/or repurposing is not approved?	

D. REQUEST FOR MODIFICATION OF SPACE:

Describe modification needed in detail.

Current space use: Instruction Research/Lab Office Storage Other

Future space use: Instruction Research/Lab Office Storage Other

Will you need additional/new furnishings? Yes No

If yes, itemize the furniture that will be needed: Provide catalog sheets and costs if available.

E. FUNDING INFORMATION – Budgets will not be charged until the originator has been consulted on final costs.

What is the source of funds for the renovation/project? Please conduct a budget check to help make sure funding is available for the listed budget before requesting departments below to seek out quotes.

F. COST ESTIMATES – If you need assistance with costs please reach out to the email below.

Facilities (Paint, add/remove walls, electrical, in house vs contractor, etc.) Estimated Cost: \$

IT (Internet, phones, computer, etc.) Estimated Cost: \$

Furniture (New vs repurposed) Estimated Cost: \$

Security (Locks, keys, etc.) Estimated Cost: \$

Total Estimated Project Cost: Estimated Cost: \$

Budget Number:

Other Considerations – On going costs beyond the initial project cost. *Commenters please initial your comments.

G. PRELIMINARY APPROVAL SIGNATURES (Signatures indicate support for the request. Final approval is made by the VP of Admin & Finance.) REQUIRED PRIOR TO SUBMITTING TO THE EMAIL ADDRESS BELOW.	
Department/Program Dean/Director:	Date:
Department/Program VP:	Date:

Send this completed form and attachments by email to facilitiesrequest@rtc.edu.

OFFICE USE ONLY:

H. AUTHORIZATION SIGNATURES (Signatures indicate that all supporting material and relevant issues have been included or noted in this request. Use comment section below as needed. Final approval is made by the VP of Admin & Finance.)			
Director, Capital Projects & Space Planning:		Date:	
Director, Facilities & Grounds Services:		Date:	
Ex. Director, College Technical Services:	N/A <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Initials:	Date:
Director, Security:	N/A <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	Initials:	Date:
Budget and Financial Services Director:		Date:	
Final Project Cost:	Available Budget:		
Vice President, Administration & Finance:		Date:	
Comments:			
Cabinet (date presented) , if appropriate:		Date:	
Comments:			

Revised: 4/12/2022