**REQUEST FOR FUNDING FACILITIES, TECHNOLOGY, EQUIPMENT**

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| **Submitter’s First Name:** | Click or tap here to enter text. |
| **Submitter’s Last Name:** | Click or tap here to enter text. |
| **Submitter’s Email:** | Click or tap here to enter text. |
| **Submitter’s Phone Number:** | Click or tap here to enter text. |
| **Who is your Dean/Supervisor?** | Click or tap here to enter text. |
| **Are you the Department Chair?** | Click or tap here to enter text. |
| **Who is your Vice President?** | Click or tap here to enter text. |
| **Program/Department:** | Click or tap here to enter text. |

**Type of Review:**

Note: Library and Counseling should submit individual Program Reviews: one for Instruction and one for Student Services.

Instruction

Student Services

Administrative

**Directions:**

* Fill out the GOAL section, including narrative (required) and include supporting data (if necessary/desired).
* Fill out the REQUEST FOR FUNDING section, indicating a request for Facilities, Technology or Equipment, including description of the item(s) being requested and total dollar amount.
* Fill out one form per GOAL/REQUEST FOR FUNDING.

**GOAL**

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| **Description of Program’s Goal (required):** |
| Click or tap here to enter text. |

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| **Data to support the Program’s Goal (if necessary/desired)**  [**Data Dashboards**](https://research.gwchb.net/)  **If additional data is necessary/desired, fill out a** [**Research Request**](https://docs.google.com/forms/d/e/1FAIpQLScN3Jvl3amlPXjs5AisICwZ-hCvhW0_T2W349SxzIUZFA9atA/viewform) **- May take up to 4 weeks** |
| Click or tap here to enter text. |

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| **What actions will the program take to accomplish this goal?** |
| Click or tap here to enter text. |

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| **What metric will you use to measure this goal?** |
| Click or tap here to enter text. |

**Which of the College’s missions and goals does this goal support? (Vision 2030)**

Enrollment

Equity and Success

Completion

Workforce Preparation

Facilities

Professional Development

Communication

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| **Please describe how this goal supports the College’s missions and goals** [**(Vision 2030)**](https://www.goldenwestcollege.edu/about/mission/index.html)**.** |
| Click or tap here to enter text. |

**REQUEST FOR FUNDING**

**Request: What do you need to accomplish this goal?** (Mark one per request)

Facilities

Technology

Equipment

**Description of Item(s) / Cost**

All requests must have a sales quote that includes:

1. Sales tax
2. Installation fee
3. Training fee
4. Service life agreement/fee

*Please note: approved requests over 10k will need 3 quotes before purchase*

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| **Description of Item(s)** | **Total Dollar Amount Requested** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Health and Safety Justification**  
Does this request address a clear health and safety issue?

Yes  No

*(If you check “No”, skip the next 4 questions)*

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| **What is the health and safety issue?** |
| Click or tap here to enter text. |

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| **How long has this condition existed?** |
| Click or tap here to enter text. |

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| **Have any work orders been submitted for this issue and when?** |
| Click or tap here to enter text. |

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| **What are the consequences if not funded?** |
| Click or tap here to enter text. |

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| **Submitter’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Supervisor’s Review** |
| As the supervisor of this program, I have reviewed this request.  No concerns  I have concerns |
| **Comments:** Click or tap here to enter text. |

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| **Supervisor’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Vice President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

**OFFICE USE ONLY**

**President’s Recommendation:**

Hire position

Hire one-year temporary

Forward to rating process

Hold until next hire window

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| **President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |