



**American Samoa Community College  
FACILITY PROPOSAL FORM**

New construction  Renovation  Space Relocation

Requesting Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Responsible Employee Approval of Dean/Director/Officer

**A. PURPOSE OF PROJECT: (problem, program need, infrastructure deficiency)**

1. Summary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if additional space is needed, pls. provide on a separate attachment)

2. Problem Statement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, pls. provide on a separate attachment)

3. Solution Criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, pls. provide on a separate attachment)

**B. RELATIONSHIP TO THE STRATEGIC PLAN? (relevance of problem/need to mission and goals)**

**C. ALTERNATIVES: (For each, describe the proposed alternative and provide brief summary of scope, cost, funding source, program benefits, facility management benefits, and impact on support budget)**

1. Alternatives

2. Solution Criteria Matrix

3. Economic Analysis Matrix

D. RECOMMENDED SOLUTION:

1. Which Alternative and Why?
2. Detailed scope description
3. Basis for cost information
4. Factors/benefits for recommended solution other than the least expensive alternative
5. Complete description of impact on support budget
6. Identify and explain any project risks
7. List requested interdepartmental coordination and/or special project approval (including mandatory review and approvals)

E. CONSISTENCY WITH ASG CODES, ASCC CODES, POLICIES ETC. (please state appropriate codes, polices, local and federal)

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Resource Management Committee?

Resource Management Committee Recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vice President of Administration and Finance:

\_\_\_\_\_  
(Approval)

Vice President of Academic and Student Affairs

\_\_\_\_\_  
(Approval)

ASCC President Approval:

\_\_\_\_\_

BHE Approval: \_\_\_\_\_

