

Facilities Committee: Facility Request Rubric

	3	2	1	0	Score
Educational Master Plan	Information clearly relates to the Educational Master Plan. It includes several supporting details and/or examples.	Information clearly relates to the Educational Master Plan. It provides 1-2 supporting details and/or examples.	Educational Master Plan is mentioned but there are no details and/or examples provided.	Information does not speak to the Educational Master Plan.	
Facilities Master Plan	Information clearly relates to the Facility Master Plan. It includes several supporting details and/or examples.	Information clearly relates to the Facility Master Plan. It provides 1-2 supporting details and/or examples.	Facility Master Plan is mentioned but there are no details and/or examples provided.	Information does not speak to the Facility Master Plan.	
VVC Mission	Information clearly relates to the Mission. It includes several supporting details and/or examples.	Information clearly relates to the Mission. It provides 1-2 supporting details and/or examples.	The Mission is mentioned but there are no details and/or examples provided.	Information does not speak to the Mission.	
Action plan developed in PRAISE	Requested project description, timeline and measurement for success are discussed in detail as part of the PRAISE preliminary action plan.	Requested project description and timeline are discussed, but does not provide measurements for success.	Only the requested project description is discussed as part of the PRAISE preliminary action plan.	Information is not included as part of the PRAISE preliminary action plan.	
Provides Measurement for an SAO or SLO	Information clearly details how this facility need will provide the ability to measure a program's SAO or SLO described in PRAISE.	Information clearly relates to an SAO or SLO described in PRAISE, but there is no linkage to measurement.	Information indirectly relates to an SAO or SLO described in PRAISE and there is no linkage to measurement.	Information does not speak to an SAO or SLO in PRAISE.	
Startup Costs	Start up costs are defined in detail including personnel, equipment, furnishings, and technology	Some costs are included but are not defined in detail.	Costs are depicted as rough estimates and do not specify type.	Start up costs are not mentioned.	
Total Cost of Ownership	TCO is defined in detail including personnel, equipment, supplies, technology, and ongoing maintenance	TCO is mentioned but not defined in detail or by type.	There is only mention of approximate maintenance costs.	Total cost of ownership is not mentioned.	
How will project be funded?	Restricted funds (grant funds are enough to cover all costs and continuing funds will support TCO)	Restricted funds (grant funds will cover start up costs but not TCO)	Restricted funds (grant will cover a percentage of start up costs but not TCO)	All monies will be paid from the general fund including start up costs and TCO.	
OVERALL SCORE					

Submitted by: Claude Oliver

Date: September 12, 2014

Facilities Committee monthly meeting.

Proposal #1.

Returning motorcycle parking to the upper and lower campus.

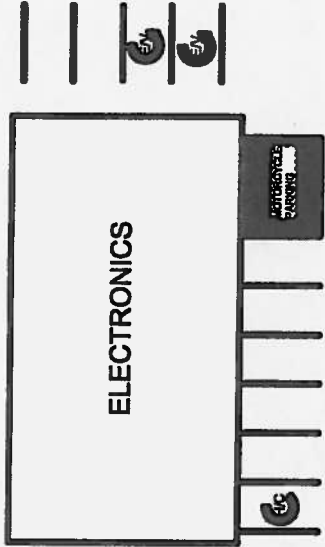
Proposal #2.

Provide electric vehicle charging stations on lower campus.

Proposal #3.

Replace signage at the current hybrid and electric vehicle charging stations on upper campus to only include electric plug in vehicles and not all hybrid vehicles.

PARKING
LOT #19



PARKING
LOT #14



FACILITIES REMODEL REQUEST FORM

Requested by: **Claude Oliver**

Department: **CIDG**

Date submitted: **9-13-14**

Contact Number: **760-963-3712**

Will your department fund the remodel/repair:

Yes No

If Yes, provide the funding information:

If No, projects will compete for other projects for funding

Account Number: _____

Estimation of cost: M&O: **Gallon of white paint**

I.T.?

Will the remodel cause on-going, increased expenses?

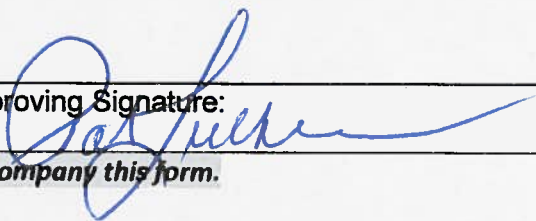
Yes No

Please describe in detail what you would like to have done:

Increase motorcycle parking in all lots around campus. My suggestion is to section off areas and mark clearly, with white paint, "motorcycle parking". Similar to the very clearly marked area in parking lot #5 that was just completed.

Dean/Director Approved: Yes No

Approving Signature:



If obligatory, a copy of Federal, State or County mandates must accompany this form.

M & O Evaluation

Estimated Material Cost: \$	Use Internal Labor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Man Hours to Complete:	Estimated Equipment Costs: \$	
Preference Points (1 Per Item. Check all that apply) Total: _____		
* <input type="checkbox"/> Safety	* <input type="checkbox"/> Staff Increase	* <input type="checkbox"/> Instructional Effectiveness
* <input type="checkbox"/> Habitability	* <input type="checkbox"/> Code Violation	* <input type="checkbox"/> ADA Accommodation
* <input type="checkbox"/> Mandated	* <input type="checkbox"/> Lease Agreement	

IT/IMS Evaluation

Estimated Material Cost: \$	Use Internal Labor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Man Hours to Complete:	Estimated Equipment Costs: \$	
<input type="checkbox"/> New Cabling/Infrastructure <input type="checkbox"/> Date of <u>coordination</u> of meetings with M&O and requestor: _____	<input type="checkbox"/> Cabling/Infrastructure cost \$ _____ <input type="checkbox"/> Date for <u>installation</u> between M&O and requestor: _____	<input type="checkbox"/> Time estimate order/delivery of supplies and equipment: _____ <input type="checkbox"/> Budget number for supplies: _____
Other comments:		

Facility Committee Action/Approval

Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled for FY: _____		
Project Priority for Fiscal Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Check One) (See Reverse for Priority Definitions)			
Facility Committee Chair:	Date:		
M&O Evaluation Results: \$	IT/IMS Evaluation Results: \$	All Other Costs: \$	Total Cost of Ownership: \$
Recommended Funding Source:		Account Number:	
Signature V.P. of Admin Services:		Date:	

Fiscal Services

Encumbrance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number:
Recommended Funding Source:	Requisition/Purchase Order Number:
Signature Fiscal Services Director:	Date:
Signature V.P. Administrative Services:	Date:

Scheduling

Date Received:	Received by:
Estimated Start Date:	Estimated Completion Date:
Actual Completion Date:	Actual Cost \$
Work Order Number(s):	Date Requestor Notified of Completion:

*Attach Internal Labor Work Deferment Form

FACILITIES REMODEL REQUEST FORM

Requested by: Claude Oliver	Department: CIDG
Date submitted: 9-13-14	Contact Number: 760-963-3712
Will your department fund the remodel/repair:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If <u>Yes</u> , provide the funding information: Account Number: _____	If <u>No</u> , projects will compete for other projects for funding
Estimation of cost: M&O: \$50	I.T.?
Will the remodel cause on-going, increased expenses?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail what you would like to have done:

Change current signage at the electric vehicle charging stations under the solar parking canopies to read "Electric Plug-In Vehicles only Parking" instead of the current signage "Hybrid and Electric Vehicle Parking." Many none plug-in vehicles are parking in those four spaces and not utilizing the charging stations, therefore preventing electric plug-in online vehicles from being able to charge while on campus.

Dean/Director Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approving Signature: 
---	--

If obligatory, a copy of Federal, State or County mandates must accompany this form.

M & O Evaluation

Estimated Material Cost: \$	Use Internal Labor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Man Hours to Complete:	Estimated Equipment Costs: \$	
Preference Points (1 Per Item. Check all that apply) Total: _____		
* <input type="checkbox"/> Safety * <input type="checkbox"/> Habitability * <input type="checkbox"/> Mandated	* <input type="checkbox"/> Staff Increase * <input type="checkbox"/> Code Violation * <input type="checkbox"/> Lease Agreement	* <input type="checkbox"/> Instructional Effectiveness * <input type="checkbox"/> ADA Accommodation

IT/IMS Evaluation

Estimated Material Cost: \$	Use Internal Labor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Man Hours to Complete:	Estimated Equipment Costs: \$	
<input type="checkbox"/> New Cabling/Infrastructure <input type="checkbox"/> Date of <u>coordination</u> of meetings with M&O and requestor: _____	<input type="checkbox"/> Cabling/Infrastructure cost \$ _____ <input type="checkbox"/> Date for <u>installation</u> between M&O and requestor: _____	<input type="checkbox"/> Time estimate order/delivery of supplies and equipment: _____ <input type="checkbox"/> Budget number for supplies: _____
Other comments:		

Facility Committee Action/Approval

Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled for FY: _____		
Project Priority for Fiscal Year: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 (Check One) (See Reverse for Priority Definitions)			
Facility Committee Chair:	Date:		
M&O Evaluation Results: \$	IT/IMS Evaluation Results: \$	All Other Costs: \$	Total Cost of Ownership: \$
Recommended Funding Source:	Account Number:		
Signature V.P. of Admin Services:	Date:		

Fiscal Services

Encumbrance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number:
Recommended Funding Source:	Requisition/Purchase Order Number:
Signature Fiscal Services Director:	Date:
Signature V.P. Administrative Services:	Date:

Scheduling

Date Received:	Received by:
Estimated Start Date:	Estimated Completion Date:
Actual Completion Date:	Actual Cost \$
Work Order Number(s):	Date Requestor Notified of Completion:

FACILITIES REMODEL REQUEST FORM

Requested by: Claude Oliver	Department: CIDG
Date submitted: 9-13-14	Contact Number: 760-963-3712
Will your department fund the remodel/repair:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If <u>Yes</u> , provide the funding information: Account Number: _____	If <u>No</u> , projects will compete for other projects for funding
Estimation of cost: M&O: \$500	I.T.?
Will the remodel cause on-going, increased expenses?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail what you would like to have done:

Provide electric vehicle parking with plug-in stations on the lower campus. Similar to the plug-in stations on upper campus under the solar parking structures.

Dean/Director Approved: Yes No

Approving Signature: 

If obligatory, a copy of Federal, State or County mandates must accompany this form.

M & O Evaluation

Estimated Material Cost: \$ _____

Use Internal Labor: Yes No

Estimated Man Hours to Complete: _____

Estimated Equipment Costs: \$ _____

Preference Points (1 Per Item. Check all that apply) Total: _____

* Safety

* Staff Increase

* Instructional Effectiveness

* Habitability

* Code Violation

* ADA Accommodation

* Mandated

* Lease Agreement

IT/IMS Evaluation

Estimated Material Cost: \$ _____

Use Internal Labor: Yes No

Estimated Man Hours to Complete: _____

Estimated Equipment Costs: \$ _____

New Cabling/Infrastructure

Cabling/Infrastructure cost \$ _____

Time estimate order/delivery of supplies and equipment: _____

Date of coordination of meetings with M&O and requestor: _____

Date for installation between M&O and requestor: _____

Budget number for supplies: _____

Other comments: _____

Facility Committee Action/Approval

Request Approved: Yes No

Scheduled for FY: _____

Project Priority for Fiscal Year: 1 2 3 4 5 (Check One)
(See Reverse for Priority Definitions)

Facility Committee Chair: _____

Date: _____

M&O Evaluation Results: \$ _____

IT/IMS Evaluation Results: \$ _____

All Other Costs: \$ _____

Total Cost of Ownership: \$ _____

Recommended Funding Source: _____

Account Number: _____

Signature V.P. of Admin Services: _____

Date: _____

Fiscal Services

Encumbrance: Yes No

Account Number: _____

Recommended Funding Source: _____

Requisition/Purchase Order Number: _____

Signature Fiscal Services Director: _____

Date: _____

Signature V.P. Administrative Services: _____

Date: _____

Scheduling

Date Received: _____

Received by: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Actual Completion Date: _____

Actual Cost \$ _____

Work Order Number(s): _____

Date Requestor Notified of Completion: _____

*Attach Internal Labor Work Deferment Form

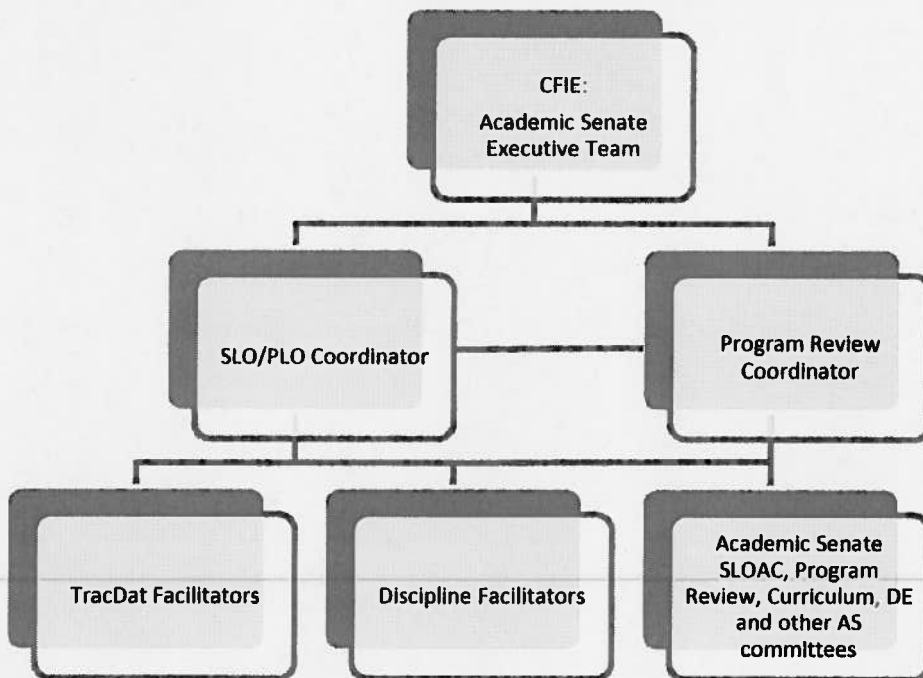
FACILITIES REMODEL REQUEST FORM

Requested by: Academic Senate (Claude Oliver)	Department: Academic Senate
Date submitted: 9-13-14	Contact Number: 760.963.3712
Will your department fund the remodel/repair:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes , provide the funding information: Account Number: _____	If No , projects will compete for other projects for funding funding source maybe the VVC Foundation or VVC general funds.
Estimation of cost: M&O: \$50,000	I.T.? Yes, cabling will be needed.
Will the remodel cause on-going, increased expenses?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail what you would like to have done:

Mission of the Center for Institutional Excellence (the Faculty perspective):

- Assist Faculty in Accreditation-related issues:
 - Assessment
 - SLO/PLO Outcomes
 - Distance Education
 - Curriculum, Degree/Certificate, Catalog and related Academic Senate/Faculty areas
- Complete Accreditation-related documents/reports
- Provide a workspace to Faculty to complete Accreditation-related issues



VVC Academic Senate Center for Institutional Excellence Proposal:

Since Accreditation is in the 10+1 purview of Academic Senate academic and professional matters, it is essential that the Academic Senate be the driving force to insure all accreditation recommendations regarding Program Review, Student Learning Outcomes/Program Learning Outcomes, Curriculum and other related areas are completed in an efficient and timely manner. **With that in mind, the graphic above illustrates the VVC Academic Senate recommended proposal for the faculty side of the Center for Institutional Excellence.**

Working with the Office of Instruction, the Office for Institutional Excellence, and other applicable administrative areas, the faculty roles outlined below will work together to compose, complete and present data, narrative and reports concerning academic and professional matters related to accreditation.

Duties of the faculty roles outlined above:

Academic Senate Executive Team: As accreditation is an academic and professional matter, the Academic Senate Executive

Team (ASET) should be the coordinating group for the faculty of the CFIE; ASET should also be the coordinating entity between the faculty and the administrative/classified areas of the CFIE. The Academic Senate President (or designee) should chair regular meetings of the faculty involved in CFIE to keep lines of communication open; to assist in scheduling workshops and related activities; and should make sure VVC faculty are up to date on CFIE activities. The CFIE should be a reporting group on monthly AS general meeting agendas.

SLO/PLO Coordinator: work with department chairs and discipline facilitators to complete SLO and PLO recommendations as outlined in ACCJC documents; hold workshops in conjunction with the Academic Senate SLOAC committee to provide continuous training to all faculty in SLO/PLO areas; be the contact person for faculty and administration regarding SLO/PLO information; assist in writing accreditation reports. Should be fluent in Program Review practices as well.

Program Review Coordinator: work with department chairs and discipline facilitators to complete Program Review and Annual Update reports (currently known as 'PRAISE") and recommendations as outlined in ACCJC documents; hold workshops in conjunction with the Academic Senate Program Review committee (and, if necessary, the Non-Instructional Program Review Committee) to provide continuous training to all faculty in Program Review areas; be the contact person for faculty and administration regarding Program Review information; assist in writing accreditation reports. Should be fluent in SLO/PLO practices as well.

TracDat Facilitators (3): trained *faculty* facilitators who will assist faculty in data input into the TracDat system; provide resources and training into TracDat-related matters; be available during fall, spring and summer semesters/ sessions to assist faculty in completing TracDat reports.

Senate Committees: The Program Review, SLOAC, Curriculum, Distance Education and other related Academic Senate committees should be active resource groups for faculty in completing accreditation recommendations relating to academic and professional matters.

	
Dean/Director Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approving Signature:

If obligatory, a copy of Federal, State or County mandates must accompany this form.

M & O Evaluation

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Man Hours to Complete:

Estimated Equipment Costs: \$

Preference Points (1 Per Item. Check all that apply) Total: _____

* Safety

* Staff Increase

* Instructional Effectiveness

* Habitability

* Code Violation

* ADA Accommodation

* Mandated

* Lease Agreement

IT/IMS Evaluation

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Man Hours to Complete:

Estimated Equipment Costs: \$

New Cabling/Infrastructure

Cabling/Infrastructure cost \$ _____

Time estimate order/delivery of supplies and equipment: _____

Date of coordination of meetings with M&O and requestor: _____

Date for installation between M&O and requestor: _____

Budget number for supplies: _____

Other comments:

Facility Committee Action/Approval

Request Approved: Yes No

Scheduled for FY: _____

Project Priority for Fiscal Year: 1 2 3 4 5 (Check One)
(See Reverse for Priority Definitions)

Facility Committee Chair:

Date:

M&O Evaluation Results:
\$

IT/IMS Evaluation Results:
\$

All Other Costs:
\$

Total Cost of Ownership:
\$

Recommended Funding Source:

Account Number:

Signature V.P. of Admin Services:

Date:

Fiscal Services

Encumbrance: Yes No

Account Number:

Recommended Funding Source:

Requisition/Purchase Order Number:

Signature Fiscal Services Director:

Date:

Signature V.P. Administrative Services:

Date:

Scheduling

Date Received:

Received by:

Estimated Start Date:

Estimated Completion Date:

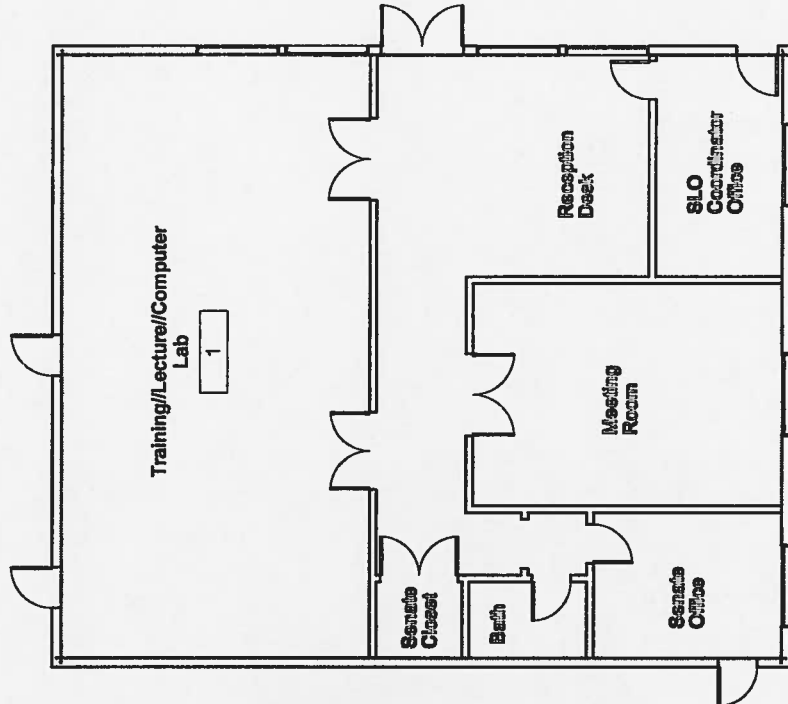
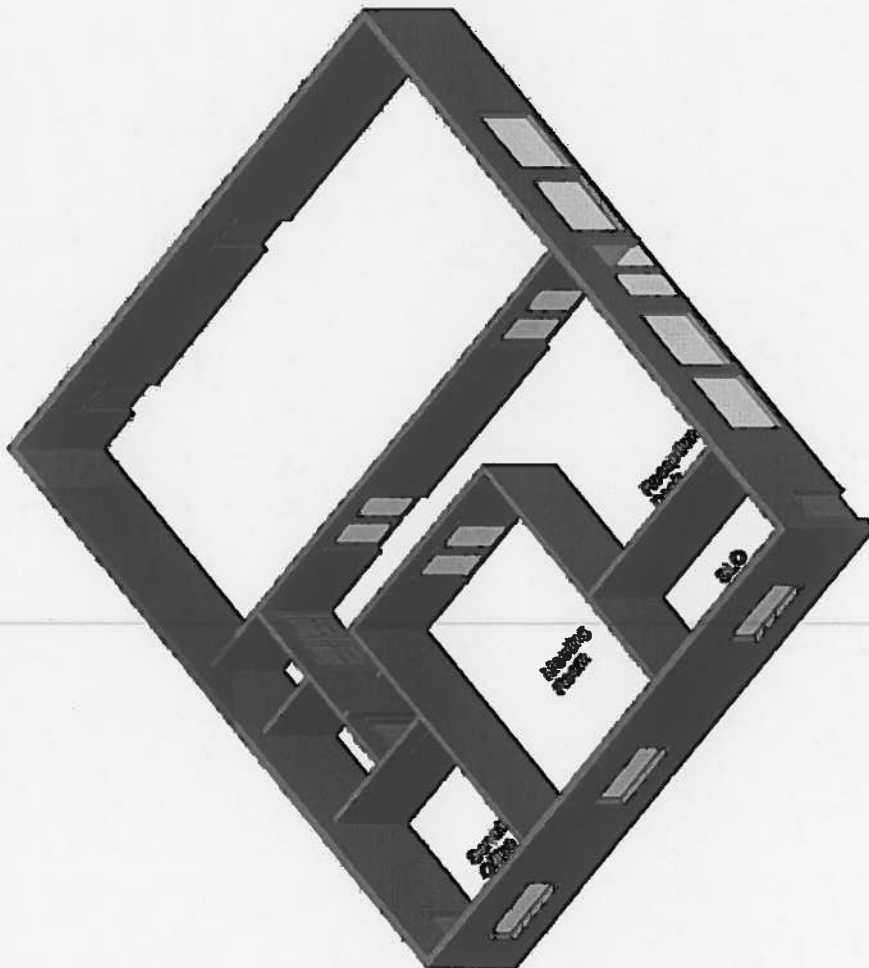
Actual Completion Date:

Actual Cost \$

Work Order Number(s):

Date Requestor Notified of Completion:

*Attach Internal Labor Work Deferment Form



1 More Tilt

Autodesk® Revit®

www.autodesk.com/revit

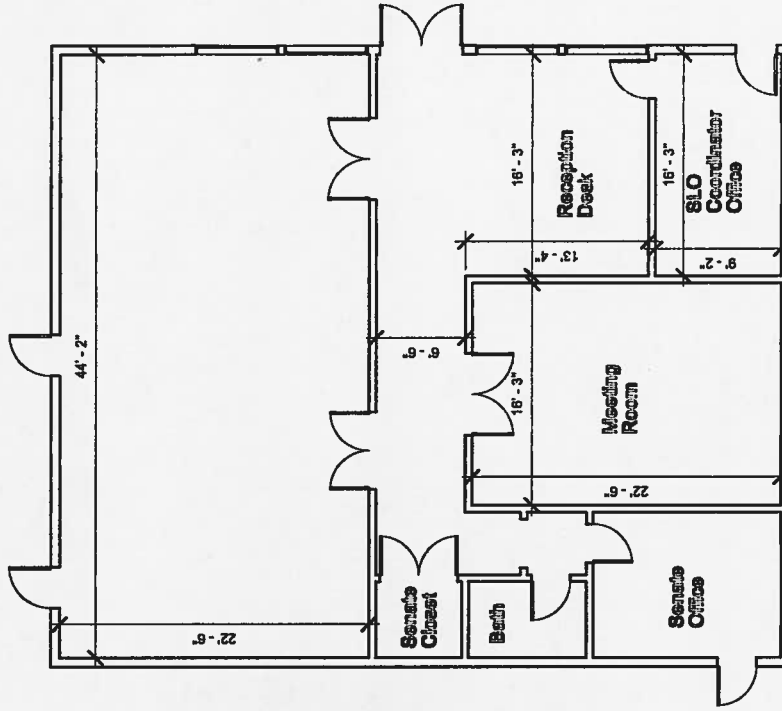
Owner
Project Name

No.	Description	Date

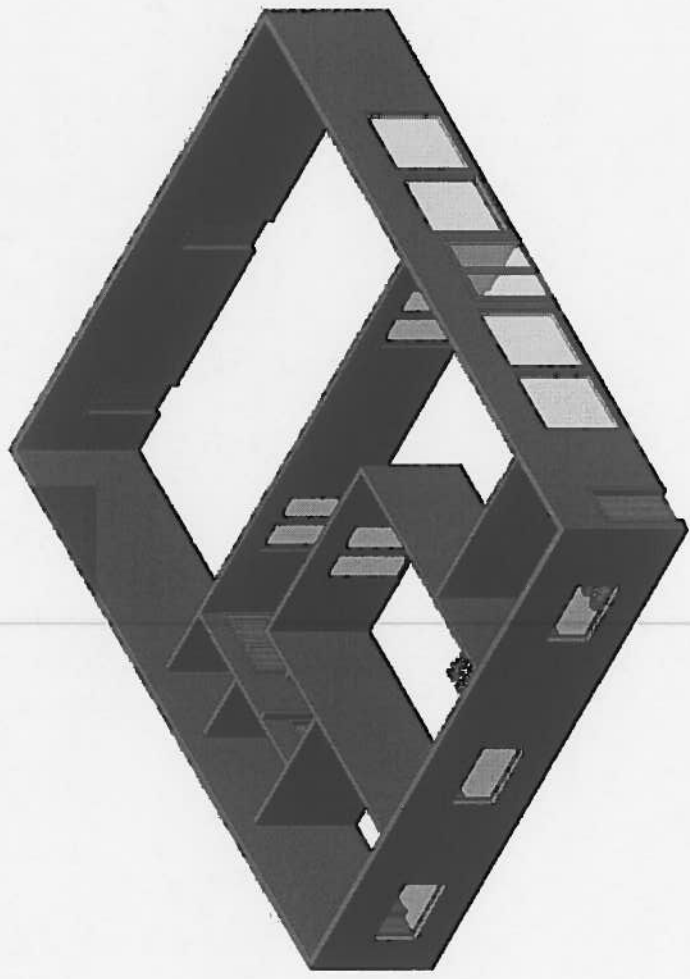
Unnamed

Project number	Project Number	A101
Date	Issue Date	
Drawn by	Author	
Checked by	Checker	

Scale 1/8" = 1'-0"



① Level 1
1/8" = 1'-0"



② (3D)

Autodesk® Revit®
www.autodesk.com/revit

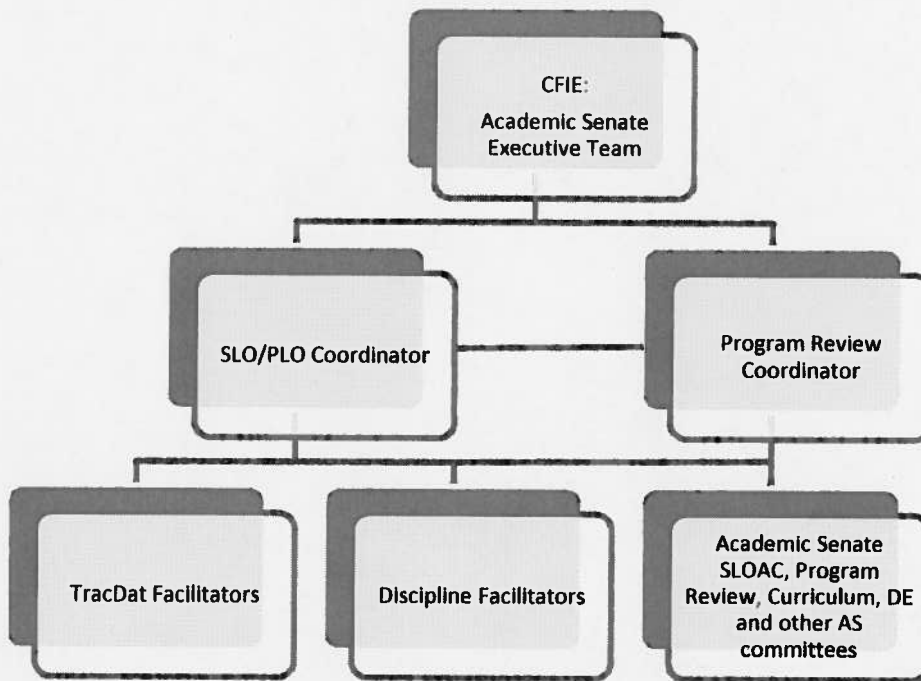
Owner
Project Name

No.	Description	Date

Unnamed	
Project number	Project Number
Date	Issue Date
Drawn by	Author
Checked by	Checker
A102	
Scale 1/8" = 1'-0"	

Mission of the Center for Institutional Excellence (the Faculty perspective):

- Assist Faculty in Accreditation-related issues:
 - Assessment
 - SLO/PLO Outcomes
 - Distance Education
 - Curriculum, Degree/Certificate, Catalog and related Academic Senate/Faculty areas
- Complete Accreditation-related documents/reports
- Provide a workspace to Faculty to complete Accreditation-related issues



VVC Academic Senate Center for Institutional Excellence Proposal:

Since Accreditation is in the 10+1 purview of Academic Senate academic and professional matters, it is essential that the Academic Senate be the driving force to insure all accreditation recommendations regarding Program Review, Student Learning Outcomes/Program Learning Outcomes, Curriculum and other related areas are completed in an efficient and timely manner.

With that in mind, the graphic above illustrates the VVC Academic Senate recommended proposal for the faculty side of the Center for Institutional Excellence.

Working with the Office of Instruction, the Office for Institutional Excellence, and other applicable administrative areas, the faculty roles outlined below will work together to compose, complete and present data, narrative and reports concerning academic and professional matters related to accreditation.

Duties of the faculty roles outlined above:

Academic Senate Executive Team: As accreditation is an academic and professional matter, the Academic Senate Executive Team (ASET) should be the coordinating group for the faculty of the CFIE; ASET should also be the coordinating entity between the faculty and the administrative/classified areas of the CFIE. The Academic Senate President (or designee) should chair regular meetings of the faculty involved in CFIE to keep lines of communication open; to assist in scheduling workshops and related activities; and should make sure VVC faculty are up to date on CFIE activities. The CFIE should be a reporting group on monthly AS general meeting agendas.

SLO/PLO Coordinator: work with department chairs and discipline facilitators to complete SLO and PLO recommendations as outlined in ACCJC documents; hold workshops in conjunction with the Academic Senate SLOAC committee to provide continuous training to all faculty in SLO/PLO areas; be the contact person for faculty and administration regarding SLO/PLO information; assist in writing accreditation reports. Should be fluent in Program Review practices as well.

Program Review Coordinator: work with department chairs and discipline facilitators to complete Program Review and Annual Update reports (currently known as 'PRAISE") and recommendations as outlined in ACCJC documents; hold workshops in conjunction with the Academic Senate Program Review committee (and, if necessary, the Non-Instructional Program Review Committee) to provide continuous training to all faculty in Program Review areas; be the contact person for faculty and administration regarding Program Review information; assist in writing accreditation reports. Should be fluent in SLO/PLO practices as well.

TracDat Facilitators (3): trained *faculty* facilitators who will assist faculty in data input into the TracDat system; provide resources and training into TracDat-related matters; be available during fall, spring and summer semesters/ sessions to assist faculty in completing TracDat reports.

Senate Committees: The Program Review, SLOAC, Curriculum, Distance Education and other related Academic Senate committees should be active resource groups for faculty in completing accreditation recommendations relating to academic and professional matters.

Facilities Committee Charge & Information Flow

Through discussion, review of the Victor Valley College mission statement, and committee participation, the Facilities Committee has thoughtfully revised the "Charge" and "Information Flow" of its committee and is recommending these changes be made and the following new verbiage be replaced to Administrative Policy 1201 – Shared Governance Structure & Responsibilities:

Charge –

- Regularly review and provide input to the Five-Year Capital Construction Plan, Facilities Master Plan, and Educational Master Plan, aligning all physical resource planning with the College mission and goals.
- Make recommendations on capital construction projects, and reconstruction/ renovation projects, based on Total Cost of Ownership.
- Make recommendations on the allocation of facilities across campus, monitoring space utilization for efficiency and effectiveness in meeting instructional and support service needs.
- Make recommendations on sequencing and priority of construction and renovation projects.
- Assess and make recommendations as needed for improvement in the effectiveness of physical resource planning.
- Participate actively in the resource allocation process as it pertains to facilities.

Information Flow *Cabinet*

- Direct to ~~College Council~~ on all recommendations.
- Direct to Superintendent/President on improvements to operational issues.

Cabinet

2013 – 2014 Fiscal Year Accomplishments

- 5 Recommendations were sent to Cabinet for review
 1. Committee Policy – Approved by Cabinet
 2. Math Success Center – No response from Cabinet, but moved forward
 3. Criteria for Facilities Committee Recommendations Policy – Approved by Cabinet
 4. Faculty/Staff parking changes time change – No response from cabinet, Not sure if this got resolved (ask Leonard) – *IF this hasn't taken place, do we wish to resend the recommendation?*
 5. Veteran's Resource Center – Approved by Cabinet
-



FACILITIES COMMITTEE POLICIES & PROCEDURES

PURPOSE:

- Regularly review and provide input to the Five-Year Capital Construction Plan, and Facilities Master Plan, aligning all physical resource planning with the College mission and goals.
- Make recommendations on capital construction projects, and reconstruction and renovation projects, based on Total Cost of Ownership.
- Make recommendations on the allocation of facilities across campus, monitoring space utilization for efficiency and effectiveness in meeting instructional and support service needs.
- Make recommendations on sequencing and priority of construction and renovation projects.
- Assess the effectiveness of physical resources and physical resource planning.

HISTORY:

The Facilities Committee was formed in 2005 and follows a shared governance committee model which is guided by effective space planning and utilization.

MEETING DATES/LOCATION:

Generally, the Facilities Committee meets the second Friday of each month at 2:30 p.m. in the Board Room. During summer session, the Committee meets on the 2nd Thursday of the month due to the 4/10 work week. These dates/times can change due to holiday breaks and scheduling conflicts.

RECOMMENDATIONS SUBMITTED TO:

Superintendent/President's Cabinet

COMPOSITION OF MEMBERSHIP:

Administrators = 2
Technical Advisor = 2
CSEA = 4
Faculty = 5
Management = 4
Student = 2

Among the members, one Chair and one Vice-Chair will be selected by a vote of the committee membership.

TERMS:

Members may serve on the committee as long as they desire, consistently attend and participate in meetings.

ATTENDANCE POLICY:

Members not in attendance for three (3) unexcused meetings may be considered for replacement. Replacement will require a minimum of 50% of the total committee membership in consensus. If consensus cannot be reached after the fourth consecutive missed (unexcused) meeting, the Chair or Vice-Chair can declare the position vacant and contact the appropriate constituency group appointer to replace the committee member.

VOTING PROCESS:

Quorum Consensus: All decisions requiring a "vote" of the members will be achieved by consensus as long as a quorum is established (quorum = 50%+1 of the entire body of committee members), or unanimous consent of those entitled to vote. In the event of a non-consensus vote, the item will be held over and moved to the next agenda for further discussion.

Consensus shall be made based on the members present at an official meeting.

In the event that consensus not being reached on an item after three (3) consecutive attempts, a vote can be taken to move the item through the process.

SUB-COMMITTEES:

A sub-committee can be created to do special research, coordinate, or develop suggestions for the committee. The sub-committee can be a standing committee or an Ad-Hoc committee assembled for a specific task.

MEETING ATTENDANCE:

In order to ensure the completion of committee work and decision making, committee members commit to attending all regularly scheduled meetings.

GUESTS:

Guests are allowed at the committee meetings at any time. Guests are non-voting participants. Concerns voiced by a guest must be forwarded to a committee member in advance of the meeting in order to be placed on the agenda.

