



Project Request / space planning or small renovation

Date: _____

College: _____ Department: _____

Project location (if known): _____

Project description \scope of work (brief summary): _____

Project description \scope of work (detailed narrative):

Attach a detailed narrative that includes enough information for university administration and Facilities Management to evaluate the request. Answer the following questions at minimum:

- Is the request caused by a current program with inadequate space, a new program, a research grant, etc?
- Who will use the space? List numbers of faculty, students, and staff.
- How will the space be used?
- What equipment will be required to support the use?
- Are there special plumbing, mechanical, electrical, or structural requirements?
- Are there particular service requirements, such as proximity to a raised loading dock?
- Would the program benefit from being near an existing space or similar program?
- Has the department explored all ways to accommodate this requirement within existing space. For example, has the department considered reclaiming underused space? Has the department re-evaluated space assigned to lower priority initiatives? Have possibilities for shared space been considered?

How will this project advance the mission of your department? _____

When is the space needed? _____

How long will the space be needed? _____

Will existing space be vacated if this request is approved? Yes No

If yes, **attach a list** of the spaces to be vacated. (building name and room numbers)



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Has funding been identified for this project? _____

If the request is for a research project, has the proposal been funded? Yes No

If yes
 Award date: _____
 Project No.: _____
 Award expiration: _____

If no
 Anticipated award date: _____
 Project No.: _____
 Anticipated term of funding (years): _____

Space summary:

SPACE	no. rooms	no. people	(no. people per space)
Faculty office			
Staff office			
Clerical office / open work area			
Graduate student office / open work area			
Classroom			
Seminar room			
Conference room			
Teaching laboratory			
Research laboratory			
Computer laboratory			
Other 1			
Other 2			
Other 3			

Requested by: _____

Title: _____

Email: _____

Phone: _____

Authorized by:

This authorization indicates agreement that the space request should be **investigated**, but is not a guarantee that space will be made available for the purpose outlined in this request.

 Department Chair or Director signature

 Date

 Dean signature

 Date

 Provost or Vice Chancellor signature

 Date