**College of ACES Space Request Form**

1. **Purpose**

The purpose of this form is to provide information necessary for evaluation of space requests and identification of options to meet unmet space needs. Provision of accurate and detailed information via this form will help expedite response to your space request.

1. **General Information**

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1. **Requested Duration**

Permanent Temporary (0-3 yrs.) From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_

1. **Space Request Required Documentation**

The following set of questions will ask you to provide details about:

* The reason your unit has requested additional space
* The name of the unit that will be occupying the requested space
* The functions that will be performed in the requested space
* The number of FTE’s which will be housed in the requested space
* The need for operating funds to support the unit that will occupy the requested space
* Current use, utilization, and personnel in ARCHIBUS, a space audit will be conducted

1. Please describe the name of the person or program that will be occupying the newly requested space, the reason why the space is being requested and the proposed functional use of the, e.g., Wet Research Laboratory, Office, etc. (Provide additional pages as needed.)
2. Please list any adjacency or proximity considerations.
3. If this request is based on the award of a research grant that has been funded, please provide the date of the award, term, and project number.
4. If this request is based on the award of a research grant that has not been funded, please indicate anticipated date for receipt of funding, proposal number, and the anticipated term of the funding.
5. Please list the FTE and headcount for faculty, staff and/or graduate students who will be using the requested space, and describe the nature of their position, e.g., program director, principal investigator, technical, administrative assistant, clerical, etc. Please also include the number of days each FTE will be working in person, in the office.
6. How would your unit be affected if the requested space is not assigned?
7. Does the requesting unit have a specific space in mind that they are requesting? Yes \_\_\_\_ No\_\_\_\_\_

If “yes”, please provide specific list of the building and room numbers.

1. Will the requested space require renovations? Yes \_\_\_\_ No\_\_\_\_\_

If “yes”, does the requesting unit have necessary funding for renovations? Yes \_\_\_\_ No\_\_\_\_\_

1. Will existing space be vacated and returned to the College of ACES if this request is approved?

Yes \_\_\_\_ No\_\_\_\_\_

If “yes”, please attach a specific list of the building and room/s to be vacated.

If “no” please state what your existing space will be used for in the future.

1. What steps have been taken to solve the space requirement by the reassignment of the existing space within the Division, Department, and College or with others? For example: has the department/college considered reclaiming under-utilized space to solve this need i.e. Storage? Has the department/college re-evaluated the space assigned to lower priority initiatives?
2. Please provide any additional information that will support or better define this space request. (Provide additional pages as needed.)
3. **Signatures**

The signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space.

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Director/Department Head (signature required) Print Name Date

1. **Submittal**

If you require assistance with the form, please contact: Doug Wolters, Senior Director of Operations, ACES. You will be contacted within 15 days of your submittal with additional information.