

SPACE REQUEST FORM

Existing space must be utilized as effectively as possible in order to support desired growth. Any endeavors that require additional space should be addressed first within a department's current allocation, then within the school or unit. This form is to be used when space in addition to current school or unit holdings is required. This request will be reviewed by the **Capital Planning Group**, and then directed to the **Planning Board** for final review and comment if warranted.

INFORMATION:

Requestor (Primary Client):		Phone:	
Dept / Unit / Center / School:		Fax:	
Email:		Date:	

REQUEST IS FOR:

<input type="checkbox"/> On-campus space	<input type="checkbox"/> Off-campus space that must be leased	<input type="checkbox"/> A swap of existing space with another school or unit
<input type="checkbox"/> Facility Use Agreement - Research	<input type="checkbox"/> Facility Use Agreement - Non-Research	<input type="checkbox"/> Other

FUNDING SOURCE (if applicable):

<input type="checkbox"/> SUNY	<input type="checkbox"/> RF	<input type="checkbox"/> Other
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TYPE AND NUMBER OF SPACES REQUESTED:

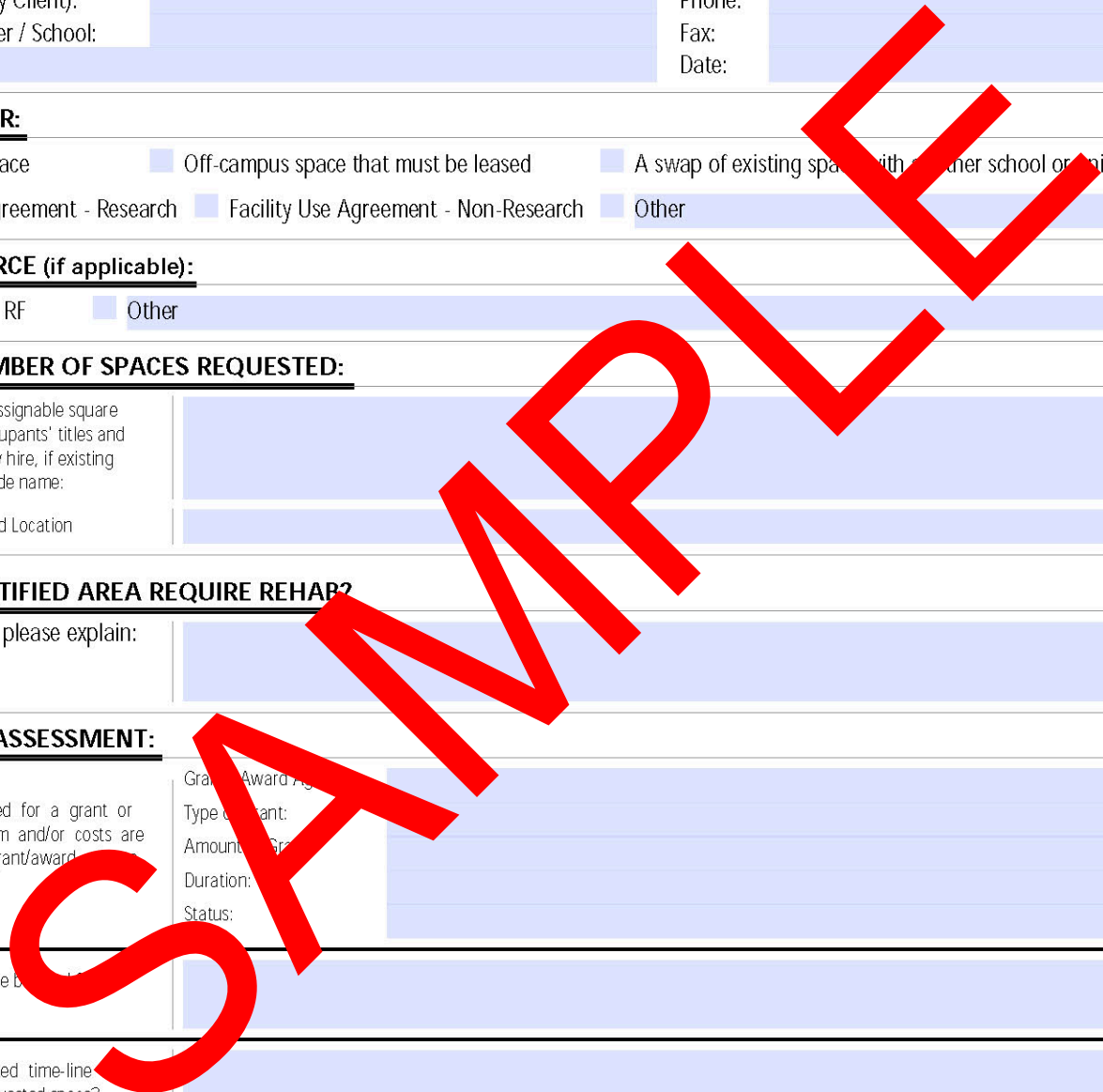
Include approximate assignable square footage per space, occupants' titles and indicate if this is a new hire, if existing employee please provide name:	
Suggested Building and Location	

WILL THE IDENTIFIED AREA REQUIRE REHAB?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, please explain:	
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SPACE NEEDS ASSESSMENT:

If space is to be used for a grant or award-funded program and/or costs are to be paid by the grant/award specify	Grant/Award #:	
	Type of grant:	
	Amount of Grant:	
	Duration:	
	Status:	
How long will the space be needed for the requested purpose?		
What is the anticipated time-line moving into to the requested space?		
How does your request fit with the role and mission of the unit, school, college, and university strengths?		
What are the benefits (financial, programmatic, etc.) that will occur as a result of having your request granted?		



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How will you pay for moving, and/or renovation costs of the requested space? (If using grant/award money, please confirm that this is an approved use of the money and the maximum amount available.)

In what way is your current space inadequate for the identified need?

Have temporary arrangements been made to use any of your existing space for the requested purpose? If so, please explain:

Priority Rating: High Medium Low

APPROVAL PROCESS:

This request has been reviewed by the Chair or Unit Director and she/he agreed that the expansion can not be accommodated within their existing space:

Signature of Chair / Unit Director (Type Name Here) Date

This request has been reviewed and approved for submission by the Facilities Planning and Management Officer from your unit:

Signature Facilities Planning & Management Officer (Type Name Here) Date

Upon completion of the form, all materials should be forwarded to the Capital Planning Group for review. A thorough discussion of the request and supplemental material will be reviewed with the requestor, Facilities Planning & Management Officer and Space Planner to discuss possible solutions. The final decision regarding reassignment will require proof of the demonstration of effective utilization of space currently assigned to the unit or the school and may require approval by the Planning Board if the request has a major impact on the University.

- File in DMS Doc Class: **Administrative** SubClass: **Space Programming Form** -

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Capital Planning Group

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