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): [ ]
Dept / Unit / Center / School: [ ]
Phone: [ ]
Fax: [ ]
Date: [ ]
Email: [ ]

REQUEST IS FOR:
- On-campus space
- Off-campus space that must be leased
- A swap of existing space with another school or unit
- Facility Use Agreement - Research
- Facility Use Agreement - Non-Research
- Other

FUNDING SOURCE (if applicable):
- SUNY
- RF
- Other

TYPE AND NUMBER OF SPACES REQUESTED:
Include approximate assignable square footage per space, occupants' names and indicate if this is a new hire, if existing employee please provide name:

Suggested Building and Location:

WILL THE IDENTIFIED AREA REQUIRE REHAB?
- No
- Yes, please explain:

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 Agency: [ ]
Type of Grant: [ ]
Amount of Award: [ ]
Duration: [ ]
Status: [ ]

How long will the space be requested for?

What is the anticipated time-line moving into 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?

Capital Planning Group
117 Fargo Quad, Buffalo, NY 14261-0050
Phone: 716.645.2072 | Fax: 716.645.3799
http://www.apb.buffalo.edu/spare

Facilities Planning & Design
119 John Beane Center, Buffalo, NY 14260-7300
Phone: 716.645.2512 | Fax: 716.645.5923
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How will you pay for moving, and/or renovation costs of the requested space?
(Please indicate if grant/award money is being used and the minimum 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 agreed that the expansion cannot 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 of Facilities Planning & Management Officer (Type Name Here):
Date

Upon completion of the form, all materials should be submitted 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 need for effective utilization of space currently assigned to the unit or the school and, if recommended by the Planning Board, if the request has a major impact on the University.

File in DMS: DL=Class Administrative SubClass Space Programming Form

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