



<i>(Internal Purposes Only)</i>	
<b>SRF #</b>	
Date Received:	Date Reviewed:

## SPACE CHANGE/MODIFICATION REQUEST FORM

The purpose of this form is to provide Facilities Planning & Management with appropriate information needed for the initial evaluation of space requests. The provision of detailed and accurate information will greatly assist in expediting this request.

If you require assistance with this form, please contact FPM Customer Service Center at [fmcustomer@cpp.edu](mailto:fmcustomer@cpp.edu)

A. REQUESTER CONTACT INFORMATION			
<b>Contact Name</b>		<b>Date</b>	
<b>Title</b>		<b>College/AVP Area</b>	
<b>Email</b>		<b>Finance Dept. ID</b>	
<b>Phone</b>		<b>Dept. Name</b>	
B. PROJECT BUDGET / FUNDING			
<b>Estimated Project Cost</b>	\$	<b>Project Cost / Funding Not Applicable</b>	<input type="checkbox"/> <i>Request is a space reassignment for SFDB recordkeeping only.</i>
<b>Funding Source</b> <i>(Check all applicable)</i>	<input type="checkbox"/> <i>ASI</i> <input type="checkbox"/> <i>Foundation</i> <input type="checkbox"/> <i>Annual Budgeting Process</i> <input type="checkbox"/> <i>Off-Cycle / Emergency Request</i> <input type="checkbox"/> <i>Self / Department</i> <input type="checkbox"/> <i>Other</i>		
<i>Complete only if (Other) is checked.</i>	<b>Please provide information for the external funding source (i.e., grant, financial gift, etc.). Also indicate the funding source's name and requirements governing the use of these funds such as applicable use(s), lapsing dates, etc.</b>		
C. PROJECT INFORMATION			
		<i>(Leave blank if same as current location)</i>	
<i>Current Location</i>		<i>Requested Location</i>	
<b>Building</b>		<b>Building</b>	
<b>Room</b>		<b>Room</b>	
<b>College/AVP Area</b>		<b>College/AVP Area</b>	
<b>Dept. Name</b>		<b>Dept. Name</b>	
<b>Type of Space Change/Modification Requests:</b> <i>(Check all boxes that apply)</i>			
<input type="checkbox"/> <i>Space refresh (cleaning, paint, minor repairs)</i>		<input type="checkbox"/> <i>Modification/renovation of existing space for current use</i>	
<input type="checkbox"/> <i>Relocation of existing space use to new location</i>		<input type="checkbox"/> <i>Other:</i>	
<input type="checkbox"/> <i>Provide space for new use (unallocated space)</i>		<input type="checkbox"/> <i>Space Reassignment for SFDB recordkeeping only</i>	

Which below applies to type of Space Change/Modification request?		Next Steps
<b>A</b>	<b>SPACE REASSIGNMENT (SFDB recordkeeping only)</b> <i>For non-physical change requests.</i>	Complete pages 1,2, & 5 of this form for review & approval by FPM Director.
<b>B</b>	<b>SPACE REFRESH (cleaning, paint, minor repairs)</b> <i>No space change/modification required.</i>	Complete pages 1,2, & 5 of this form for review & approval by FPM Space Manager prior to submitting FPM Service Request.
<b>C</b>	<b>CHANGES WITHIN A DIVISION (physical changes)</b> <input type="checkbox"/> Space Type <input type="checkbox"/> Space Use <input type="checkbox"/> Space Size <input type="checkbox"/> Space Swap <input type="checkbox"/> Relocation  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <u><b>Academic Affairs</b></u>   <b>Instructional</b>  <input type="checkbox"/> Lecture Rooms  <input type="checkbox"/> Teaching Labs  <input type="checkbox"/> Faculty Office </div> <div style="text-align: center;"> <b>Non-Instructional</b>  <input type="checkbox"/> Conference Rooms  <input type="checkbox"/> Student Affairs  <input type="checkbox"/> Other Academic Support programs </div> <div style="text-align: center;"> <input type="checkbox"/> Non-Academic Affairs Spaces (Please describe below) </div> </div>	Complete all pages of this form for review and approval by FPM Space Manager prior to submitting FPM Service Request.
<b>D</b>	<b>CHANGES BETWEEN DIVISIONS (physical changes)</b> <input type="checkbox"/> Space Swap <input type="checkbox"/> Relocation <input type="checkbox"/> Requests for Additional Dedicated Space (Unallocated Space) <input type="checkbox"/> Change in Space Type/Classification of Space <input type="checkbox"/> Change in the Department or Organization Assigned to Space <input type="checkbox"/> Change in the Use of Space (Renovation) <input type="checkbox"/> Change in the Size of Space (Renovation)	Complete all pages of this form. Approval of these requests involve review and approval by Campus Planning & Space Programming Working Group.
<b>Work Needed: (Check all boxes that apply)</b>		
<input type="checkbox"/> Cleaning <input type="checkbox"/> Plumbing <input type="checkbox"/> Furniture Removal/Installation <input type="checkbox"/> Utility/Electrical/ Security Alarm <input type="checkbox"/> Wall Alteration (Drywall) <input type="checkbox"/> IT/Equipment <input type="checkbox"/> Wall Alteration (Windows/Doors) <input type="checkbox"/> Paint <input type="checkbox"/> Ceiling Alteration (HVAC) <input type="checkbox"/> Flooring <input type="checkbox"/> Ceiling Alteration (Light/Fire Sys.) <input type="checkbox"/> Other:		<input type="checkbox"/> <i>Space Reassignment-SFDB (Explain):</i>
<b>1. Please provide a brief description of this project including why this space change/modification is required and how your unit will be affected if the request is not approved.</b>		
<b>2. Does this project have a specific completion date and why is this date important?</b>		

**3. How is this project consistent with or help implement the University's Strategic Initiatives?**

**4. What efforts has the department/college made to reclaim under-utilized space to solve this need? (FP&M may conduct an evaluation of the current space to confirm needs or identify alternatives to this request.)**

**5. What efforts has the department/college made to re-evaluate the space assigned to lower priority initiatives?**

**6. How and will this request change the of space type, space use, and/or alter the space's number of workstations within Academic Affairs/another division? Has this proposed change been coordinated with Academic Affairs/another division? Please Explain.**

**7. For non-instructional spaces only:** Please list the FTE's and headcount for all faculty, staff, and/or graduate students who will be using the requested space, along with the occupant's positions/titles, type of workspace needed, and submit a separate organizational chart. (Provide additional pages as needed)

<i>Occupant's Position/Title</i>	<i>Type of workspace</i>	<i>Quantity</i>

**NOTE!** Please fill out section (D. Coordination and subsequent questions) only if this request involves relocation to a new space. Otherwise, please skip to section (E. Approvals).

D. COORDINATION		
<b>1. How is the requested space currently being used and how does your department/area plan to use it?</b>		
<b>2. Does your department/area plan to occupy or vacate the current space after the relocation to the requested space? Please explain.</b>		
<b>3. Does the proposed space request require the relocation of an existing occupant or use to another location?</b>		
<input type="checkbox"/> <b>Yes</b> - the space is currently occupied by another party.	If yes, please complete (D. Coordination-#4)	
<input type="checkbox"/> <b>No</b> - the space is already vacated.	If no, please skip (D. Coordination-#4)	
<b>4. If the request requires the relocation of an existing occupant or use to another location, please obtain the estimated move-out date and approvals from the vacating party. You may be required to establish funding resources for the vacating party's moving expenses (Required - If yes to above question).</b>		
<i>Estimated Move-out Date</i>	<i>Other – Please explain</i>	
<b>a. Vacating Party's Chair/Director</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
<b>b. Vacating Party's Dean/Associate Dean or Vice President</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>
<b>c. Vacating Party's Provost (Required for Academic Spaces only)</b>		
<i>Name</i>	<i>Signature</i>	<i>Date</i>

## 5. APPROVALS

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.

<b>a. Chair/Director</b>		
	<i>Name</i>	<i>Signature</i>
		<i>Date</i>
<b>b. Dean/Associate Dean or Vice President</b>		
	<i>Name</i>	<i>Signature</i>
		<i>Date</i>
<b>c. Provost (Required for Academic Spaces only)</b>		
	<i>Name</i>	<i>Signature</i>
		<i>Date</i>

**SUBMITTAL:** Submit this form only after obtaining all signatures with the applicable required item(s):

SPACE REASSIGNMENT	SPACE REFRESH	CHANGES WITHIN OR BETWEEN DIVISIONS
<i>Please check with FPM Space Planning team. Additional items may be required on case-by-case scenario.</i>	<i>Please check with FPM Space Planning team. Additional items may be required on case-by-case scenario.</i>	<b>(1) An Organizational Chart (For non-instructional spaces only). (2) Please check with FPM Space Planning team. Additional items may be required on case-by-case scenario.</b>

Send to: FPM Customer Service Center

Email: [fmcustomer@cpp.edu](mailto:fmcustomer@cpp.edu)

Subject: Signed Space Request Form

<i>Internal Record Keeping (FPM use only)</i>		<i>Notes</i>	<i>Date</i>
A.	Review SRF		
B.	Client Meeting		
C.	Review Client Meeting Notes		
D.	Recommendation for Approval?		
E.	AVP/VP Approval		
F.	Client Notification		
G.	Service Request Submittal		
H.	Project Closeout		
I.	Floor Plan - Updates (if applicable)		
I.	SFDB Running Log - Updates		