

SPACE REQUEST FORM

SR NUMBER: _____ (For FPM use only)

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.

GENERAL INFORMATION		
Contact Name:		
Phone:		Email:
College ID:	Department ID:	Department Name:
Date Originated:		Date Space is Needed:
Requested Duration:		
Short-term (1-3 years)	Long-term (3-5 years)	Permanent
From: To:	From: To:	Starting:

SPACE REQUEST DOCUMENTATION INFORMATION:
If you require assistance with this form, please email FPM Customer Service Center at fmcustomer@cpp.edu .

1. Please provide the name of the person or program that will be occupying the newly requested space.
2. e.g., Wet Research Laboratory, Office, etc. (Provide additional pages as needed.)
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 yet been funded, please indicate anticipated date for receipt of funding, proposal number, and the anticipated term of the funding.
5. Please list the FTE's and headcount for all faculty, staff and/or graduate students who will be using the requested space, along with their positions/titles (e.g., program director, principal investigator, technical, administrative assistant, clerical, etc.)
6. Does the requesting unit have operational and facilities funding in place? Typical costs may include renovations, moving, telecommunication, etc. How does this

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Space Request align with your unit's budget plan?

7. Will existing space be vacated if this request is approved? Yes No N/A

If "yes", please attach a specific list of the building(s), floor(s) and room spaces for the spaces to be vacated. If "no" please state how your existing space will be utilized in the future.

8. Please identify any adjacency or proximity considerations. You can also list your specific preferences below:

Building(s): _____

Floor(s): _____

Room(s): _____

9. Has the department/college considered reclaiming under-utilized space to solve this need?
10. Has the department/college re-evaluated the space assigned to lower priority initiatives?
11. Has the department/college considered negotiating space exchanges with other departments/colleges to solve this need?
12. How would your unit be affected if the requested space is not assigned?
13. Please provide any additional information that will support or better define this space request. (Provide additional pages as needed).

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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.

Chair / Director Signature	_____	Date:	_____
Dean / Assistant Dean Signature	_____	Date:	_____
Vice President Signature	_____	Date:	_____

SUBMITTAL:

After obtaining signatures from Dean or Vice President, scan and send an electronic copy to the FPM Customer Service Center:

Email: fmcustomer@cpp.edu
Subject: Signed Space Request Form