

# Space Request and Renovation Request

<b>I. CONTACT INFORMATION:</b>														
Requesting Department:		Date:												
Name:	Phone:	Email:												
<b>II. DESCRIPTION OF DEPARTMENT:</b>														
<p>A. What best describes your space need? (Check all that apply.)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Change of Space Function</td> <td><input type="checkbox"/> Department Level Change</td> </tr> <tr> <td><input type="checkbox"/> College Level Change</td> <td><input type="checkbox"/> Improvement of Space</td> </tr> <tr> <td><input type="checkbox"/> Request for Space in New Construction</td> <td><input type="checkbox"/> Request for Additional Space</td> </tr> <tr> <td><input type="checkbox"/> Discrepancies in Current Space Data</td> <td><input type="checkbox"/> Vacate/Depart Space (Please provide building/room #'s)</td> </tr> </table>			<input type="checkbox"/> Change of Space Function	<input type="checkbox"/> Department Level Change	<input type="checkbox"/> College Level Change	<input type="checkbox"/> Improvement of Space	<input type="checkbox"/> Request for Space in New Construction	<input type="checkbox"/> Request for Additional Space	<input type="checkbox"/> Discrepancies in Current Space Data	<input type="checkbox"/> Vacate/Depart Space (Please provide building/room #'s)				
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<p>B. What will you use the space for (check all that apply)?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Instruction</td> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Office Facilities</td> <td><input type="checkbox"/> Food Services</td> <td><input type="checkbox"/> Student Study</td> </tr> <tr> <td><input type="checkbox"/> Storage</td> <td><input type="checkbox"/> Athletics</td> <td><input type="checkbox"/> Residential/living</td> <td colspan="3"><input type="checkbox"/> Other - Please explain: _____</td> </tr> </table> 			<input type="checkbox"/> Instruction	<input type="checkbox"/> Research	<input type="checkbox"/> Administration	<input type="checkbox"/> Office Facilities	<input type="checkbox"/> Food Services	<input type="checkbox"/> Student Study	<input type="checkbox"/> Storage	<input type="checkbox"/> Athletics	<input type="checkbox"/> Residential/living	<input type="checkbox"/> Other - Please explain: _____		
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<p>C. Do you anticipate the number of people in your department increasing within the next two years? Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>D. If yes, indicate anticipated growth:          Number of full-time faculty _____, Number of part-time faculty _____, Number of staff _____, Number of student workers _____</p>														
<p>E. How much space do you currently have? (total assignable square feet)</p>														
<p><b>III. REQUEST FOR SPACE:</b> <span style="float: right; font-size: small;">If you need assistance completing this form call FP&amp;C at 786-4900 or by email at ayfpc@uaa.alaska.edu. If you need copies of floor plans, they are available on our website at <a href="http://fpgis.uaa.alaska.edu/CampusBuildings.htm">http://fpgis.uaa.alaska.edu/CampusBuildings.htm</a>.</span></p>														
<p>A. Briefly describe why new/additional space is needed. Address the implications to your program/service if additional space is not approved. Continue on separate sheet as needed.</p>       														
<p>B. New space will be used for:    Instruction <input type="checkbox"/>    Research/Grant <input type="checkbox"/>    Administration <input type="checkbox"/>    Storage <input type="checkbox"/>    Support <input type="checkbox"/></p> <p>Other, please specify: _____</p>														
<p>C. What attempts have been made to locate space within your current space allocation? Has underutilized space been assessed to solve this need? Have shared space possibilities been explored?</p>														
<p>D. Have you identified a suitable location for this new space that may be available? Yes <input type="checkbox"/> No <input type="checkbox"/></p>														
<p>E. If yes, describe and/or identify building/room #s or attach drawing/floor plans/diagrams:</p>														
<p>F. Have you contacted current holder of the space? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>Do they support the concept? Yes <input type="checkbox"/> No <input type="checkbox"/></p>												
<p>G. Date needed.</p>														

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H. Provide information on any time constraints that may affect the timing of allocation of the space.

**REQUEST AUTHORIZATION SIGNATURES** (The signatures below indicate agreement that the space request should be investigated. Approval to proceed does not indicate a guarantee of space for the purpose outlined in this request.)

Department Chair or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Dean/Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

*Attach this completed form with the proper signatures and supporting documents to a Work-Order on School Dude*

**Space Request #**

**FACILITIES MANAGEMENT DEPARTMENT**

Date Space Request received:	
Date plans received:	
Date space assessment completed:	
Date additional information requested:	
Less than \$50,000, within existing Dept. space & Dept. Funded – forward to Facilities for action	
Over \$50,000, involving Non-Dept space or Non Funded – forward to SMC for recommendation and then to the President for approval	
Date SMC forwards space assessment, completed form and plans to the Capital Planning Committee (as needed):	

**SPACE MANAGEMENT COMMITTEE (SMC)**

Date reviewed by SMC:	
Action recommended by SMC:	
Date Forwarded to President for decision:	
President's decision:	
Date of President's decision:	