**Space Request # \_\_\_\_\_\_\_\_\_\_\_\_**

**Assigned by FMD**

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| **I. CONTACT INFORMATION:** |
| Requesting Department: | Date: |
| Name: | Phone: | Email: |
| **II. DESCRIPTION OF DEPARTMENT:** |
| 1. What best describes your space need? (Check all that apply.)
* Change of Space Function  Department Level Change
* College Level Change  Improvement of Space
* Request for Space in New Construction  Request for Additional Space
* Discrepancies in Current Space Data  Vacate/Depart Space (Please provide building/room #’s)

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| 1. What will you use the space for (check all that apply)?

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| * Instruction
* Storage
 | * Research
* Athletics
 | * Administration
* Residential/living
 | * Office Facilities  Food Services  Student Study
* Other - Please explain: )
 |

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| 1. Do you anticipate the number of people in your department increasing within the next two years? Yes ❒ No ❒
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| 1. If yes, indicate anticipated growth:

Number of full-time faculty \_\_\_\_\_\_, Number of part-time faculty \_\_\_\_\_, Number of staff \_\_\_\_\_, Number of student workers \_\_\_\_\_ |
| 1. How much space do you currently have? (total assignable square feet)
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| **III. REQUEST FOR SPACE:**  | If you need assistance completing this form call FP&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 http://fpgis.uaa.alaska.edu/CampusBuildings.htm. |
| 1. 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.
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| 1. New space will be used for: Instruction ❒ Research/Grant ❒ Administration ❒ Storage ❒ Support ❒

Other, please specify: |
| 1. 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?
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| 1. Have you identified a suitable location for this new space that may be available? Yes ❒ No ❒
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| 1. If yes, describe and/or identify building/room #s or attach drawing/floor plans/diagrams:
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| 1. Have you contacted current holder of the space? Yes ❒ No ❒
 | Do they support the concept? Yes ❒ No ❒ |
| 1. Date needed.
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| 1. Provide information on any time constraints that may affect the timing of allocation of the space.
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| **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: |  |

**Forward this completed form with the proper signatures and supporting documents by inter-campus mail to the Facilities Management Department located in the Palmer Building.**

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| **FACILIITES 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):  |  |

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| **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: |  |