

Project Name: _____
[To Be Completed by Facilities Management]

Florida Atlantic University Request for Allocation of Space

Space at Florida Atlantic University is considered an important resource and must be utilized as effectively as possible in order to support desired growth for the Strategic Plan.

This form documents an expected or impending need for space that cannot be met within the existing college or division allocation.

This request will be reviewed by Facilities Management/Space Utilization and then directed to the Space Committee for final review and comment.

Directions for Completing Form: Respond to the requested information by inserting supporting text after each inquiry. Responses for each inquiry may use additional space as needed. Needs vary tremendously and a one-size-fits-all form will not work perfectly in all situations. Not every question may apply to every situation, and some questions require longer responses than others. The unit completing the form understands the need best, so do your best to record the need, and call for assistance if you have a question. Send the completed form and any relevant attachments to: sua@fau.edu

Part I: Requestor/Unit Contact Information

[Person who should serve as primary contact for Space Planner]

Name:

Phone:

Department/Unit; College/Division:

Email:

Part II: Desired Space

Request is for: *(check all that apply)*

- Additional space to support a new or expanded activity
- Relocation from an existing space

Request can be met by: *(check all that apply)*

- Current/existing FAU Space
- Leased-space (i.e., research park, off campus)
- An exchange of existing space with another college or division

Desired Location *(geographic or specific building):*

Part III: Purpose of Request

Briefly describe the need for space and the reason your unit is requesting space. If intent is to lease space, please elaborate as to why a lease arrangement is necessary or preferred.

Part IV: Space Request Information

- A. Describe the type(s) of room requested and the intended use of the space. Attach a spreadsheet or other supporting materials as needed. Helpful details include:
- i. Room Use Description (e.g., reception, faculty or staff office, workroom, conference room, storage, teaching lab, research lab, research or teaching support space, departmental classroom, etc.).

Number of Occupants.
 - ii. Type of Occupants (e.g., faculty, staff, T/A, R/A, etc.; include occupant titles and whether new hire(s) or existing employee(s), etc.).
- B. If specific rooms are requested: 1) Provide the official FAU building number, facility name and room number for each room and 2) Identify whether the requested area will require renovation. Describe the renovation in detail.
- C. List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.).
- D. What, if any, space will be vacated if a new allocation is made?

Part V: Space Needs Assessment

- A. If space is to be used for a grant or award-funded program and/or costs are to be paid by the grant/award, please specify:

Grant/Award Agency: _____

Type of grant: _____

Name/Dept of PI: _____

Amount of grant: _____

Duration: _____

Status: _____

If a donor will fund (all or in part) the space request, please describe circumstances:

- B. In what way is your current space inadequate for the identified need?
- C. Identify the effective date of the need. If the requested space is needed on a temporary basis, identify when the space will be vacated. Identify any other timing needs (e.g., need to move during semester break, in coordination with another activity, etc.).
- D. How does your request fit with the 2015-2025 Strategic Plan, the role and mission of the unit, college/division, and University?
- E. What are the benefits (programmatic, financial, etc.) that will occur as a result of having the request granted?
- F. What will be the negative impact of not being assigned this request?
- G. How will you pay for moving and/or renovation costs of the requested space? [Note: If using grant/award money, please confirm that this is an approved use of the funds and the maximum amount available]
- H. Have temporary arrangements been made to use any of your existing space for the requested purpose? If so, please explain.
- I. Provide assurance that all avenues to solve this space requirement within existing space have been explored. List specific solutions explored and reason(s) for insufficiency. For example, has the college/division considered maximizing under-utilized space to solve this need? Has the college/division re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?

Part VI: Supporting Documentation

___ I have attached floor plans, a functional spreadsheet, organizational chart, and/or other documentation to support this request [If yes, please list briefly here]

Part VII: Approval of Request

By signing, all assert that the need requested here cannot be met within existing space controlled by the College/Division. Further, the signer acknowledges the applicability of budget model requirements concerning the distribution of operations and maintenance expenses for space based on unit space allocations.

Signature of Dean: _____ Date of Approval: ____/____/____

Vice President/Vice Provost: _____ Date of Approval: ____/____/____

Vice President for Research: _____ Date of Approval: ____/____/____

Send completed form and all attachments to: sua@fau.edu

Part VIII: University Space Planning Action:

Received by University Space Planner; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

Part IX: Final Approval: Space Committee, Florida Atlantic University

Chair Signature: _____ Date of Approval: ____/____/____