

Space Management Request and Approval Form

Section A – Applicant Information, Priority and Time Line

Requesting Department: _____ Today's Date: _____

Contact Person Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name of Department Chair/Director: _____

Relative to other space requests coming from this department, this request has been given the following priority rating:

High Moderate Low

What is the anticipated time-line (dates) for this request (s): _____

Continue to and complete: Section B – Request Type

Section B – Request Type Complete information associated with request type

Space Request Only: Space Assignment Request: On-Campus Space Incubator Space

Type (office, classroom, etc.)	# of Rooms	Total Sq. Ft	Special Requirements
_____	_____	_____	_____

What is the preferred location for the requested space:

	Building Name	Room Number(s)
First Choice	_____	_____
Second Choice	_____	_____

Will any existing space be vacated or released for reassignment:

No Yes Bldg Name: _____ Room Number(s): _____

Continue to and complete: Section C - Justification, Section D –Renovation or Improvements to Space, Section E – Budget, and Submit

Space Change of Use Only: Space Location: On-Campus Incubator

A. Building Name: _____ Room Number: _____

B. Change of Use:

I. Previous use of space (i.e. Storage room, etc.): _____ II. Current use of space (i.e. office, etc.): _____

Continue to and complete: Section C - Justification, Section D –Renovation or Improvements to Space, Section E – Budget, and Submit

Existing Space Renovation or Improvements Only: Space Location: On-Campus Incubator

A. Building Name: _____ Room Number: _____

Continue to and complete: Section C - Justification, Section D – Renovation or Improvements to Space, Section E – Budget, and Submit

Section C - Justification

A. In the space provided below, summarize the justification for this request, and how it fits with the role and mission of the department.

Section D - Renovations or Improvements to the Space

- A. Will the space require any renovations or improvements: No Yes
- B. If Yes, Indicate Scope of Work: (check all that apply): Will exterior of building be affected Will interior partitions be modified or added Will ceilings be modified Are new finishes required (paint, tile, carpet, etc.) Will lighting be modified or added Will additional electricity be needed Will upgrade to HVAC be needed Is new equipment being added Is new furniture required
- C. In the space below, specify any additional work required:
- D. Will the space involve any IT requirements (new data/computer/network requirements): No Yes
- If Yes, Identify: _____
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Section E - Budget

- A. Will there be an increase in operating costs as a result of securing this request (i.e. IT, service contracts, staff, etc.):
- No Yes - Identify: _____ Provide estimated yearly operating cost: \$ _____ Unknown
- B. Provide estimated budget for moving expenses: \$ _____ Unknown N/A
- C. Provide estimated budget for renovations or improvements including Furniture, Fixtures, & Equipment:
- \$ _____ Unknown N/A
- D. Confirm Funding Source (identify all that are relevant): Department Capital DIFR Operating Other N/A
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Submission / Approval Sequence

Applicant → Department Chair/Director → Department Dean/Administration Supervisor → Department Vice President/Provost → Space Management Committee **Note: Non-approval at any level will suspend further action or withdraw this request.**

Submit to Department Chair/Director for Approval

*Approval from Department Chair/Director is required

Approved Not Approved

Submit to Department Dean/ Administration Supervisor for Approval

*Approval from Department Dean/Administration Supervisor is required

Approved Not Approved

Submit to Department Vice President/Provost for Approval

*Approval from Vice President/Provost is required to advance request to SMC for Review and Recommendation.

Name: _____

Vice President/Provost

Approved Not Approved Date: _____

Submit to Space Management Committee

Space Management - Approval Form

Space Management Committee Review and Recommendation:

This request has been reviewed by the Space Management Committee and makes the following recommendations.

Space Management Committee Recommendation:

Prior to issuing a recommendation, Facilities Planning will be required to review this request, to insure the campus adheres to all SUNY and SUCF directives related to building codes, design requirements, construction requirements, budget analysis and funding source. Facilities Planning will contact the applicant to discuss the proposed scope of work.

Additional Information is required in order to render a recommendation:
Provide information and return to Space Management Committee

Information Request # 1: _____

Response: _____

Information Request # 2: _____

Response: _____

Information Request # 3: _____

Response: _____

Information Request # 4: _____

Response: _____

Prior to submitting responses, applicant has reviewed the additional information requested with their respective Department Chair/Director/Dean/ or Administration Supervisor and if required their Department Vice President/Provost:

No Yes

[Return to Applicant](#)

[Applicant to Submit Response to Space Management Committee](#)

Space Management Committee Final Comments and Approval Recommendation:

Comments:

REQUEST IS: Approved Approved with comments Not Approved Postpone

Approved Funding Source: Department Capital DIFR Operating Other N/A

Applicant Shall Contact The Following to Coordinate Requirements and Management of Moving / Renovations or Improvements and/or IT Requirements: Facilities Planning (3722) Facilities Services (3452) IT (4670)

Space Management Committee Chair: _____ Date: _____

[Submit to Applicant / Department Chair/Director / Department Dean/ Administration Supervisor / Department Vice President/Provost](#)

[Submit to Facilities Planning / Facilities Services and Information Technology](#)