**SR NUMBER: (For CPPM use only)**

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| **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.  |

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| **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: |   |

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| **SPACE REQUEST DOCUMENTATION INFORMATION:** |
| If you require assistance with the following form, please email CPPM at [planning@uic.edu](planning%40uic.edu). |

1. Please provide the name of the person or program that will be occupying the newly requested space.
2. State the reason why the space is being requested as well as the functional use of each proposed room type, 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, Space Economy, etc. How does this Space Request align with your unit’s 3-5 year 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.

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

 Building(s):

Floor(s):

 Room(s):

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

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 Date:

Signature

Dean / Assistant Dean Date:

Signature

Vice Chancellor Signature Date:

(non-VCAA units only)

VPRPM Date:

Signature

**SUBMITTAL:**

**After obtaining signatures from Dean or Vice Chancellor, scan and send an electronic copy to the Office of Capital Planning and Project Management:**

E-mail: planning@uic.edu

Subject: Signed Space Request Form