

SPACE REQUEST APPLICATION FORM

INSTRUCTIONS:

- The Applicant shall fill out the following pages of this form in its entirety.
- Prior to submitting any request for space, **the request must be approved and signed by the Dean or Vice President of the requester**, to ensure they agree with moving forward and that funding for the work is in place.
- Applications will not be processed without a current inventory of all spaces assigned to the unit/department/college/division making the request. The inventory must include occupancy and use information. The Office of Campus Planning has provided a template available for your use. <https://www.albany.edu/facilities/campusstandards/referencedocs.html>
Please note that this inventory record may be followed by a physical space audit by a staff member of the Office of Campus Planning.
- Any space that will be vacated to accommodate this request will be assigned to the University Physical Space Inventory space portfolio.
- If you have any questions, require assistance or need clarification, please contact the Office of Campus Planning at 518-442-3400.
- **Please complete this form electronically, scan and forward via email to Christopher Bischoff (cbischoff@albany.edu) and Jason Kersch (jkersch@albany.edu). Attach any relevant supporting materials with your space request application form and in the subject line of the email, please write "SPACE REQUEST APPLICATION FORM".**

PART 1 – Requestor Information

Name of Applicant:	Title of Applicant:
Department:	
Building / Room:	
Email:	Phone:

PART 2 – Space Request Information

1. Briefly describe why new space is being requested?

2. What attempts have been made to locate space requested within the unit/department's current space inventory? List specific solutions explored and reason(s) for insufficiency. For example, has the department/college/division considered maximizing under-utilized space to solve this need?

3. Have possibilities for shared space been explored? If so what avenues were considered?

SPACE TYPE REQUESTED:

<u>Office</u>	<u>Support</u>	<u>Special Purpose</u>
Department Head / Chair:	Director / Manager:	Instructional:
Full-time Faculty:	Professional:	Research:
Part-time Faculty:	Secretarial:	Other:
Postdoc / Visiting:	Work-study:	
Secretarial:	Other:	
GA / RA Teaching:		
GA / RA Research:		
Work-study:		
Other:		

REFERENCE:

<https://www.albany.edu/facilities/campusplanning/documents/SpaceStandards.pdf>

https://www.albany.edu/facilities/campusplanning/documents/Space_Management_Principles.pdf

PLANNED OCCUPANTS:

NAME	Work Title	Budget Title (payroll)	FTE	Room #	Use (hours/week)

See attached appendix if more space is needed for this chart

4. Please describe any adjacency / proximity needs:

5. How often will the space(s) be used? Hours of operation?

6. Is this application a result of your department hiring additional staff? If so, is funding approved for the new hires?

7. Do you anticipate the number of people in your unit increasing within the next one to five years? If yes, please indicate reasons for anticipated growth and whether or not funding has been identified for those positions as well.

8. Do you anticipate that staff within your department will be leaving or retiring in the next five years? If so how many?

9. Explain the implications to your department if your request space is not approved.

10. Please provide any additional notes and information that would assist in the application and review of your request.

PART 3 – Additional Information

1. Preferred location of space(s) requested, (campus, building, floor, room). Is the space already occupied?

2. Is this space need permanent or temporary? If temporary, please identify when the space will be vacated:

3. Anticipated need by date: _____

4. What if any rooms will the department vacate and return to the University space portfolio if space request is granted:

Funding source:
Grant ID and Account # (if applicable):

Please specify if space is to be used for a grant or award-funded program and amount to be paid by the grant/award:

Grant / Award Agency:
Type of Grant:
Name / Dept. of PI:
Amount of Grant:
Duration:
Date Awarded:

PART 4 – Special Requirements

1. Does the space request require any office furniture? If yes, please explain.

2. Does the space request require specific equipment? If yes, please explain and provide manufacturer specifications.

3. Does the space request require specific electrical and/or data requirements? If yes, please summarize.

4. Does the space request require other or additional specific utilities? If yes, please explain.

Physical Space Requirements	YES	NO	NOTES:
Controlled temperature at _____ degrees F			
Controlled humidity at _____ %			
Special ventilation			
Dry filtered air or compressed air			
Vacuum connection			
Hot or cold domestic water			
Gas connection			
Sewage connection			
Special drains			
Acoustical accommodations			
Special lighting or black-out curtains			
Will existing and/or new equipment weigh more than 80 pounds per square foot			
Vibration isolation			
Will existing and/or new equipment fit through a standard 36" door?			
Other?			

PART 5 – Required Signature
Applicant:

 (Printed Name)

 (Signature)

 (Date)

Authorized By:

 (Printed Name of Dean or Vice President of Department)

 (Signature)

 (Date)

PART 6 – For Internal Use Only

Review

Reviewed by:	Date:
Assigned to:	Date:
OCP Audit (if required)	Date:

Action

Facilities Strategic Planning Council Meeting (if required)	Date:
Facilities Strategic Planning Council Meeting Response Letter	Date:
Communication to Applicant regarding status of review	Date:

Project Notification (if approved)

Architecture, Engineering and Construction Management	Date:
Physical Plant	Date:
ITS (Telecom/Network Services)	Date:
EH &S (including Code Review)	Date:
Energy	Date: