**INSTRUCTIONS FOR REQUESTING SPACE**

Submit a completed **Request for Allocation of Space** form to Architectural and Engineering Services (AES), Facilities, MS 2281.

The Facilities AES Office assists the Provost in space allocation and planning, which includes responsibility for evaluating requests for space and making recommendations. The director or staff may contact you for more information to conduct this evaluation, identify options, and prepare recommendations to respond to your request. After this review is completed, you will receive feedback informing you of the decision regarding the assignment of the requested space.

Requests for leased spaces will be coordinated with the Real Estate Officer. Please do not initiate contact with brokers and/or landlords without the assistance of the Real Estate Office. The Real Estate Office negotiates and reviews all leases; you will be provided a draft copy for comment and approval of the business terms. The lease must be approved and executed by the VP for Infrastructure on behalf of the Board of Regents. A budget number (or letter authorizing the fund source) should be provided to the Real Estate Office who will make the arrangements to recharge the appropriate budgets and pay lease expenses.



**REQUEST FOR ALLOCATION OF SPACE**

**Architectural and Engineering Services (AES), Facilities**

|  |  |  |  |
| --- | --- | --- | --- |
| School/College | Department | 3 Digit Org Code | Date |
| Contact Person | Title | Phone No. |
| Campus Address | Campus Zip |
| Requester/Principal Investigator | Phone No. |
| Campus Address | Campus Zip |

|  |
| --- |
| **TO REQUEST CAMPUS SPACE COMPLETE THIS SECTION** |
| **Funding Information:*** What is the source of funds for the renovations? Unit □ College □ Grant □ Other – specify
* What is the source of funds to cover lease costs? Unit □ College □ Grant □ Other – specify
* What is the source of funds for moving/relocation? Unit □ College □ Grant □ Other - specify
 |
| **Reallocation of Space:** Permanent □ Temporary □ Length of time needed: |
| **Will the space require renovations to be usable for the purpose described below?** | Yes □ | No □ |
| **Parameters of Space Need**s**:** Describe your space needs in detail. Include location, square feet, and type of space, functions, adjacencies, displacements, and backfill use of space vacated if not reverting to University use. Attach additional information if necessary. |
| **Justification of Space Needs:** Describe the reason for space needs, and implication if allocation is not granted. Please include relationship to College/unit strategic initiatives, grants, enrollment etc. Attach additional information or documents, if necessary. |

**DEPARTMENTAL APPROVAL**

Signature of Requester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PLEASE PRINT)

Name of Chair/Unit Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chair/Unit Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR DEAN/VICE PRESIDENT/UNIT HEAD ONLY**

Please describe how this request relates to overall College/School space and/or minor repairs priorities:

Signature of Dean/Vice President/Unit Head:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (PLEASE PRINT): ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO AES, FACILITIES, MS2281**