Colorado State University Space Request Form

Instructions:
Prior to individuals submitting any requests for space, it should be vetted with their unit heads to ensure that they are in agreement with moving forward with request.

Your application will not be processed unless an inventory, including use and/or occupancy of all the space currently being used by your department is complete/and or updated and provided to the Space Information Manager.

Any rooms that will be vacated to accommodate this request will become a part of the inventory of available space and will be secured by Facilities Management until it is reoccupied.

Complete the form and attach any additional information as necessary. If you have any questions, require assistance or need clarification, please contact Gargi Duttagupta or Jillian Zucosky

Contact Information:
Name: __________________________
Department: ______________________
Telephone: ________________________
Approver Name: ___________________  Signature: _________________________
Dean or VP of unit

Purpose of Request:

Project Name: ____________________________

Describe project and purpose of the request:

Space will be used for: (Mark those that apply)
Relocation of existing function ☐

Additional space for existing function ☐

Additional space for new function ☐

Instruction ☐ Research ☐ Administration ☐ Auxiliary ☐

Office space: (Indicate number of people in each category will need office space)

Faculty ☐ Director ☐ Support/Admin ☐ Post Doc ☐ GTA

Technician ☐ Student ☐ Other (list) ☐

Space Type: (Select all that apply)

Dry Lab ☐ Wet Lab ☐ Storage ☐ Classroom/Class Lab ☐ Other ☐

Specialized space (training room, computer lab, vibration sensitivity, . . . please describe)

Include documentation on equipment specification of specialized equipment (such as lasers, freezers, tissue culture hoods, spectrometers, dark-room equipment, etc.)

How often will space be used? ________________________________

What are the implications to your program if your request for space is not approved?

What attempts have been made to locate space within your current space allocation? (e.g., Has underutilized space been assessed to solve this need or have shared space possibilities with other departments been explored?)

Do you anticipate the number of people in your unit increasing within the next two years? Yes ☐ No ☐

If yes, please indicate reasons for anticipated growth and whether or not funding has been identified for those positions
Location:

Building/rooms or area of campus

Is this space occupied? (Y/N, by whom)

Desirable adjacencies/proximity

Timing:

When is the space required (month/year)

How long will the space be required (years)?

Do you anticipate additional growth?

Funding:

Is this space request based on research grant that has been funded or is anticipating funding?

Anticipated Funding: $ Date Anticipated:

Funded: $ Date Received:

Grant Name:

Space Vacated:

If this request is for relocation of an existing function; use “From-To” worksheet to show who and what functions are moving.

What are the departments plan for reuse of vacated space? Also show planned re-use on “From-To” worksheet.

Re-Use of vacated space that is 2,000 sqft or more, may require approval by Space Committee