Research Space Request Form

This form is to be used to request space for research or research-related use, including research faculty offices, administrative offices for research centers, research assistant offices, and support space (labs, conference rooms, storage rooms, etc.). This form must be submitted by the department Chairperson/Director or Research Center Director, and must be signed by the Unit Dean/Director. Completed requests will be submitted to the Vice President for Research and Economic Development for recommendation, and will be reviewed by the Office of Budget and Planning to assess budget implications of the space request. Additional review/approval from ITU is required for any request to create a room for computer servers. The Space Management Office will present the Vice President’s and Office of Budget and Planning’s recommendations to the University’s Space Administration Committee for final approval and will notify the requestor of the committee’s decision.

Note: Existing space allocated to a department/research center must be utilized as effectively as possible to support growth needs. Any additional space needs should first be addressed within the department/research center’s current space allocation, and then within the unit’s assigned space before a request for new space is submitted.

Section I - Requestor Information
(Chairperson/Director or Research Center Director)

Name:
Center/Unit:
Phone #:
Email:
Date:

Section II - Verification of Current Space / Justification for Additional Space

Step 1: Contact Joy Staulcup (jstaulcu@gmu.edu) to request a report of all space currently allocated to the department/research center in the space management database. Verify that all information in the report is correct, or submit changes if necessary.

Step 2: Attach a separate page titled “Justification of Additional Space” to this request. The justification should include an explanation of why existing space is inadequate, and why additional space is needed. Indicate whether any current space will be relinquished if new space is allocated, and describe any negative impacts that may result if space is not assigned. Indicate whether space is being requested on campus, or off-campus in leased space.

Step 3: Once request form and all supporting documents have been completed, forward to Unit Dean/Director for signature and return to Joy Staulcup, Associate Director, Space Management at MS 1E4 (fax 3-2524). The request will then be forwarded to the Vice President for Research and Economic Development and Office of Budget and Planning for review and recommendation.
Section III - Description of Space Requested

Instructions: Along with the “Justification of Additional Space,” please attach a list of the type and number of spaces being requested (i.e. faculty offices, staff offices, staff cubicle work stations, student workstations, copy/storage/file room, conference room, GRA workstations, research lab, etc.). For faculty offices, identify whether office is for full-time or part-time research faculty. For staff offices, identify whether space requested is for full-time or part-time staff. Include any other requirements for this space, including proximity to other facilities.

Section IV - Funding Sources

The center/unit is responsible for all costs associated with renovation, moving expenses, data/telecomm installations, and furniture purchases for space that is allocated through this request process, and also any yearly budget transfer that may be required for space assigned (determined by location). The center/unit should determine whether sufficient budget funds are available to meet this requirement prior to submitting this request form. The Office of Budget and Planning will be notified of this financial commitment by the unit, and must provide a recommendation based upon budget availability to move forward with the space assignment.

Budget Code to Use for All Costs Related to this Space Assignment: ______________________

Section V - Grant Information, if applicable

If this space request is to support funded research, please provide the following:

<table>
<thead>
<tr>
<th>Grant Name:</th>
<th></th>
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<tbody>
<tr>
<td>Status (Applied/Approved):</td>
<td></td>
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<tr>
<td>Funding Start Date:</td>
<td></td>
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<tr>
<td>Funding End Date:</td>
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<td>Project Director:</td>
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Section VI - Approval Process

I have reviewed this request and verify that it cannot be accommodated within the department or research center’s existing space, or within other space allocated to the unit. I also verify that the department, unit, or research center has sufficient budget funds available to pay for all costs associated with allocation of new space as outlined in section IV.

Signature of Unit Dean/Director / Date

Print Name:

Note: Only requests with appropriate approval signatures will be considered for space allocation. Forward completed form to: Associate Director, Space Management, MS 1E4, fax 3-2524.

Office of Space Management Use Only:

I have reviewed this request and recommend it for submission to the Space Administration Committee, and verify that the approval of this request would advance the Unit or Research Center’s strategic goals, and in so doing, would advance the strategic goals of the University as a whole.

Signature, Vice President, Research and Economic Development Date
I have reviewed this request and recommend it for submission to the Space Administration Committee, and verify that unit has funds available to cover all costs associated with this space assignment, or that a central budget request has been approved to support this space assignment.

____________________________________________________________             _________________
Name/Signature, Office of Budget and Planning                                                                  Date

Space Request #: _____________________  Date Received: ______________  Initials: ____________
ITU Review/Approval (for server room requests) __________________________________(Name/Date)
SAC Meeting Date and Recommendation: _______________________________________________
Unit/Center Notified of Decision: _____________________ (Date)
Space Assigned, if applicable: __________________________________________________________