



4401 University Drive West Lethbridge, Alberta Canada T1K3M4

For Internal Use Only

Project Request No.: _____

Received DATE: _____

PROJECT NUMBER (if applicable): _____

University of Lethbridge space must be utilised as effectively as possible based on measurable metrics to support and facilitate a long-term vision for the campus. Any additional space requirements must be assessed within a departments existing allocation, then within the parent division. This form documents the need for space **that cannot be met within current allocations** within a department or division by rationalization of existing space to support the request.

(Space Management and Allocation Policy, March 2013)

Instructions:

1. Prior to completing this space request form, it is highly recommended that you meet and review all items listed below with Campus Development. Space Requests must come through your head of faculty, department and the approver of all funding.
2. Campus Development will work with you to review existing and/or new potential space allocation studies that will be used to analyze, review and clearly communicate new or changing space requirements. Information gathered will include reviewing existing location(s), instructional spaces, labs, research areas, student spaces, furniture, fixtures, and equipment.
3. Complete all applicable fields, providing supporting text where necessary. As space requirements and needs vary by request, please ensure your responses accurately and efficiently document your specific case.
4. This request will be evaluated under the guidelines outlined in the Space Management and Allocation Policy and the Council of Ontario Universities (COU) space standards.
5. Signatures of the approving authority indicate that the space request reflects department or unit priorities and that funding for any potential renovations associated with an approved change of use are available to commit to any alterations required.
6. Return this completed form to the Susan Jefferson, Director, Campus Development at susan.jefferson@uleth.ca

If the Space Request involves Classroom space, this form will be forwarded to the **Instructional Spaces Committee (ISC)** for review and recommendation and following the decision of the Vice President of Finance & Administration, the office of Campus Development will communicate the decision to the ISC for information and action.

PART I: REQUESTOR INFORMATION

Name: Provide contact name here

Date: Day / Month / Year

Date of Occupancy Required: Day / Month / Year

Department of Occupant: Name Here

Email: yourname@uleth.ca

Phone:

PART II: REQUESTED SPACE

1. What is the type of space needed (check all that apply)

Workspace Lab / Research Space Instructional / Classroom Service

PART III: PURPOSE OF REQUEST

1. Please provide any additional information outlining why this space is being requested.

2. Who is this request for? (select one):

New Occupant Existing Occupant / Department

3. Briefly outline the program, financial, or other strategic benefits of approving this request.

- _____
- _____

4. Briefly explain the negative impact if this request is not approved.

- _____
- _____

PART IV: EXISTING SPACE

1. Review existing space and requested space with Campus Development to begin this process.
 - a. We will assist with providing floor plans, space requirements etc.
 - b. Review all existing furnishings, equipment, occupants to confirm space required.
2. Provide Room Numbers currently allocated to your unit within your faculty or department.
3. Provide space occupants names, job title, and faculty or department for our FMS Data.
4. Include all Graduate Students, administration, and/or other utilizing space on campus.
5. Describe each Room's function. Information may include terms like (research space, lab, office, graduate workspace, meeting room, classroom, storage room, etc.)
6. Provide an existing floor plan of your current location including all rooms.
7. Is there existing space that may be vacated due to this space request?

Room No	Employee Name	Job Title	Faculty / Depart	Room Function

PART V: NEW SPACE REQUIREMENTS

1. EQUIPMENT:

- a. Is there **research equipment** intended to be placed in this room? (Circle) **YES or NO**
- b. If YES, please provide more detailed information in the chart below and please provide Technical Specification Product Sheets, that provide electrical, mechanical, structural requirements for review with potential location. This will verify if space can meet all requirements in advance of approvals.
 - i. Electrical, Mechanical, Structural and Safety requirements.
 - ii. Verification of total size (width, length and heights required) and weight.
 - iii. Delivery and installation information, specialty requirements.
 - iv. Will this equipment be used to study animals or humans?

Equipment TYPE	General Function	Utilities Required	Weight / Size	New / relocate
Describe	Type of study	Electrical/Mechanical	Structural	New

2. TIMELINE:

- a. Identify the effective date and length of time space is needed.
- b. When would occupancy ideally begin? What is the estimated length of time space will be needed? Months / Years?

3. FUNDING:

- a. Will Funding be available from grant or award-funded program, please specify.

Grant Name OR Award Agency:	
Type of Grant:	
Name/Dept of PI (s):	
Grant Facilitator Name:	
Duration of Grant Funding:	
Status:	

*Note: If renovations are required, a project initiation process will follow any approval of space use. The first step in the process is the preparation of a **Project Statement** by Campus Development to assess preliminary scope requirements at designated location, project constraints, feasible schedule, and probable costs of the project. This process will require the confirmation and approval of sufficient funds (FOAP) from your **Stakeholder Lead** as well as a **Project Sponsor**. Once an approved **Project Statement** is provided with **FOAP number (Funding Organization Account Program)** information the next step is for Campus Development to forward to the Project Management Office queue and await assignment to a Project Manager.*

PART VI: SUPPORTING DOCUMENTATION

I have attached floor plans, a functional spreadsheet pertaining to existing rooms, equipment requirements and any other necessary documentation to support this request:

<input type="checkbox"/>	Yes (please list): _____
<input type="checkbox"/>	No

PART VII: APPROVALS

DEPARTMENT/FACULTY APPROVING AUTHORITY

NAME (PRINTED): _____ Date: _____

SIGNATURE: _____ Approved: Not Approved:

ADMINISTRATION APPROVALS

FOR CLASSROOM SPACE USE ONLY

Registrar's Office
Registrar

Classroom Governance Committee
Chair

Reviewed by:

Susan Jefferson
Director, Campus Development

Approved: Not Approved:

Final Approval:

Deborah Lucas
Vice-President, Finance and Administration

Approved: Not Approved:

Vice-President (Finance & Administration)

Campus Development			
Action	Date Completed	Reference #	Initials
Onsite review with Stakeholder and Facilities prior to occupancy			
Review with Utilities			
Update Facilities TMA			
Update Key System			
Project Statement to PMO			
Notes:			