

SPACE PROJECT REQUEST FORM

UPDATED 5/18/2022

WHO is the Requestor and main point of departmental contact for this project

Contact name
 Contact email
 Contact title
 Contact Department/Unit
 Contact Phone
 Contact location

Authorizing Dean/ VP name
 Authorizing Dean/ VP email
 Authorizing Dean/ VP phone
 Has funding been identified

Bldg			Floor			Room		

no yes amount account

WHAT is the reason for this request for a space change ? (what specific problem are you trying to solve?)

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WHY is this a priority for your team now ?

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HOW does this request fit into the larger strategic plan and mission for your department and the larger campus?

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WHERE is the current location for this project request

Bldg	Floor	Room

WHERE is the new proposed location for a move or expansion (if known)

Bldg	Floor	Room

Please confirm if you are requesting to relocate from one furnished area to another within your department, with no other physical space changes

<input type="checkbox"/>	yes	<input type="checkbox"/>	no
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HERE is the space planning priority criteria used to measure all requests. Select one priority level for your request

PR1	HIGH- HEALTH SAFETY	to provide a required health safety response
PR2	HIGH- HEALTH SAFETY Infrastructure	required to access and repair systems with impact to or support of life safety system
PR3	HIGH- COMPLIANCE	change to meet Code, Accreditation, Licensure requirement
PR4	HIGH- SWING SPACE	required swing space relocation for a previously approved project
PR5	MEDIUM-LOSS OF FUNDING	response to prevent loss of funding
PR6	MEDIUM-REVENUE GENERATING	change to generate new revenue
PR7	LOW-MISSION PRIORITY	change to address leadership Large scale mission priority
PR8	LOW-QUALITY OF LIFE	Change to enhance general local quality of physical environment
PR9	LOW-PROGRAM CHANGE	Change to address local departmental or program need changes

- NEXT STEPS**
1. Return completed form to John.Soraci@downstate.edu, cc your Dean/ VP, and Raye.McDavid@downstate.edu for space planning review
 2. If this change request includes any UHB staff or any UHB space, please cc and speak with Jason.Elijio@downstate.edu for Hospital approval
 3. For changes beyond your existing dept boundaries, assemble info for a space audit of your existing locations noting staff names and vacant spaces.
 4. Questions? Contact John.Soraci@downstate.edu