



## SPACE ALLOCATION REQUEST

### PURPOSE:

The purpose of this form is to provide information necessary for the evaluation of space requests and identification of options.

### INFORMATION:

Contact Name:

Phone:

Division/ Department/Unit/Center:

Date of Request:

Date space is needed:

Identify the current occupied space, if applicable:

**SPACE TYPE:** This project directly affects:

☐ Classroom Instruction   ☐ Student Advising / Recruitment / Retention   ☐ Faculty Research  
☐ Administrative Space   ☐ Health/Safety   ☐ ADA Compliance   ☐ Other

### JUSTIFICATION:

- ❖ Describe in detail why the space is needed and include the information outlined below.
- ❖ Develop a schedule on when space needs to be functional by and the impact of not meeting this timeframe.
- ❖ Identify options that may exist outside of this request.
- ❖ Identify all accessibility needs/issues.
- ❖ If this request is based on a research grant award that has been funded, include the background information.

1. **SPACE PROGRAM** (What do you need?):
2. **STAFF** (What are the staffing needs: how many and who?):
3. **SCHEDULE** (When do you need the space ready?):
4. **IMPACT OF NOT MEETING THE SCHEDULE:**
5. **OPTIONS OUTSIDE OF THIS REQUEST:**



**TECHNOLOGY:**

Computers, software, phones, printers, faxes, projectors, podium, video conferencing, smart technology:

**UTILITIES:**

Types of utilities needed to support equipment; electrical, plumbing, HVAC:

**FURNITURE:**

What, if any, are the furniture needs for the space:

**FUNDING:**

Please identify all approved and available funding sources and amounts for all items (tech, furniture, etc.):

**REVIEW:**

The signatures below indicate that this space request should be reviewed by the Space Committee. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space.

Chair or Director \_\_\_\_\_ Date\_\_\_\_\_

Dean or AVP: \_\_\_\_\_ Date\_\_\_\_\_

Cabinet Member: \_\_\_\_\_ Date\_\_\_\_\_

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After Space Committee Meeting

Space Committee Chair: \_\_\_\_\_ Date\_\_\_\_\_

Signature

President's Disposition:

\_\_\_\_\_  
Signature

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date\_\_\_\_\_

**SUBMITTAL:**

Please complete the form, obtain your AVP and Cabinet Member signatures, scan and submit electronically to: QNS [gccfsspacecommittee@qc.cuny.edu](mailto:gccfsspacecommittee@qc.cuny.edu)