



UNIVERSITY OF GEORGIA

OFFICE USE ONLY
Request # _____
Rcvd _____ To Provost _____
Concept investigation authorized/denied _____
Date returned to Provost _____
Approved/denied by Provost _____

REQUEST FOR ALLOCATION OF SPACE
OFFICE OF SPACE MANAGEMENT

____ New leased space ____ On-campus space	Date of request _____
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Please complete this form as fully as possible to facilitate the timely review and implementation of your request.

CONTACT INFORMATION (Program, research or unit needing space)

Department _____		School/College/Division _____
Requester or Principal Investigator _____		
Request Contact Person _____	Title _____	Email Address _____
Address _____	Phone _____	Fax _____

CURRENT SPACE

Current location (address and/or building names) _____

_____ Current amount of Assignable Square Feet (ASF) for on-campus space or Rentable Square Feet (RSF) for leased space.

DESIRED SPACE

Reason for request: New program/research Expansion of existing Relocation of existing

Desired occupancy date (mm/dd/yyyy): _____ Desired term of lease/occupancy (months or years): _____

Office Lab Clinic Classroom Residence Storage Other (specify) _____

Square Footage: _____ ASF RSF Number of Occupants: _____ Seat Count: _____

No. of visitors/clients per week _____ Description of visitors/clients: _____

Adjacencies: _____

Desired location(s) if known: _____

Urgency: _____

Special Conditions (if applicable)

This space will be used for (check all that apply):

- Research-related activity Animal treatment, care or housing

Testing, analysis, research or instruction that involves the use of (check all that apply):

- Chemicals, biological agents, recombinant DNA, x-ray or non-ionizing radiation or lasers, pressure vessels, unusual electrical or other health hazards. Volatile radioactive materials, radioactive gasses or select agents requiring specific security standards

This space will (check all that apply):

- Require fume hoods, biological safety cabinets or similar equipment designed to control contaminants Include an industrial shop, paint spray booth or other equipment Generate hazardous waste

Additional notes on special program needs or conditions:

JUSTIFICATION OF NEED

Why is the new/additional space needed?:

JUSTIFICATION OF NEED (continued)

Negative impact if not approved:

Please explain how the request addresses the departmental strategic plan as well as the School/College/Division strategic plan and University of Georgia strategic plan and initiatives:

Comments of persons to whom the desired space is presently assigned (if applicable):

COSTS

All costs associated with this space including rent, operating expenses, tenant improvements, furniture, telecommunications and move costs are the responsibility of the occupying program, unit, department or school/college unless arrangements are made with RESM for use of central funds.

Facilities Management Division or Office of University Architects (circle one) estimate \$ _____

Projected cost components (renovation, furniture, equipment, etc.):

FUNDING INFORMATION

Fund source(s) or funding agency:

Fund Name	Account number	Share of cost (%)	Start and end dates	Total amount of agreement	Complete these columns if the fund source is a research grant or contract.	
					Subject to off-campus recovery rate? (Y/N)	Are funds available for leasing? (Y/N)

APPROVALS

Unit Head/Principal Investigator Signature Date

Department Chair or Director Signature Date

Dean/VP (or authorized designee) Signature Date

QUESTIONS? For assistance or more information on the space request process, call 706-542-0138 or email Ben Liverman at bliver@uga.edu.

Return completed form to: Space Management
382 East Broad Street
Athens, GA 30602