



Space Management Advisory Committee (SMAC)
Application Number (# assigned by SMAC): _____

Space Management Request and Approval Form

Section A – Applicant Information, Priority and Time Line

Requesting Department: _____ Today's Date: _____

Contact Person Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Name of Department Chair/Director: _____

Relative to other space requests coming from this department, this request has been given the following priority rating:

High Moderate Low

What is the anticipated time-line (dates) for this request (s): _____

Continue to and complete: Section B – Request Type

Section B – Type of Request Complete information associated with the type of request.

Space Request Only:

Type (office, classroom, etc.): _____ # of Rooms: _____ Total Sq. Ft: _____

Special Requirements: _____

What is the preferred location for the requested space:

First Choice Bldg. Name: _____ Room Number(s): _____

Second Choice Bldg. Name: _____ Room Number(s): _____

Will any existing space be vacated or released for reassignment:

No Yes Bldg. Name: _____ Room Number(s): _____

Continue to and complete: Section C - Justification, Section D –Renovation or Improvements to Space, Section E – Budget, and Submit

Space Change of Use Only:

A. Building Name: _____ Room Number: _____

B. Change of Use:

I. Previous use of space (i.e. Storage room, etc.): _____

II. Current use of space (i.e. office, etc.): _____

Continue to and complete: Section C - Justification, Section D –Renovation or Improvements to Space, Section E – Budget, and Submit

Existing Space Renovation or Improvements Only:

A. Bldg. Name: _____ Room Number(s): _____

Continue to and complete: Section C - Justification, Section D – Renovation or Improvements to Space, Section E – Budget, and Submit

Section C – Justification

A. In the space provided, summarize the justification for this request, and how it fits with the role and mission of the department. Attach additional information and supporting data as may be necessary.

Section D – Renovations or Improvements to the Space

A. Will the space require any renovations or improvements: No Yes

B. If Yes, Indicate Scope of Work: (check all that apply): Will exterior of building be affected Will interior partitions be modified or added Will ceilings be modified Are new finishes required (paint, tile, carpet, etc.) Will lighting be modified or added Will additional electricity be needed Will upgrade to HVAC be needed Is new equipment being added Is new furniture required

C. In the space below, specify any additional work required:

D. Will the space involve any IT requirements (new data/computer/network requirements): No Yes

If Yes, Identify: _____

Section E - Budget

A. Will there be an increase in operating costs as a result of securing this request (i.e. technology, service contracts, staff, etc.):

No Yes - Identify: _____ Provide estimated yearly operating cost: \$ _____ Unknown

B. Provide estimated budget for renovations or improvements including technology, furniture, fixtures & other equipment:

Minor Renovation (Typical Cost \$75 / Sq. Ft.): \$ _____

Major Renovation (Typical Cost \$150 / Sq. Ft.): \$ _____

Technology (Obtain Quote): \$ _____

FF&E (Obtain Quote): \$ _____

Other: \$ _____

Total: \$ _____ Unknown N/A

D. Confirm Funding Source (identify all that are relevant): Department Capital DIFR Operating Other N/A

Submission / Approval Sequence

Applicant → Department Chair/Director → Department Dean/Administration Supervisor → Department Vice President/Provost → Space Management Committee Note: Non-approval at any level will suspend further action or withdraw this request.

Submit to Department Chair/Director for Approval

*Approval from Department Chair/Director is required _____ Approved Not Approved

Printed Name: _____ Signature: _____ Date: _____

Submit to Department Dean/ Administration Supervisor for Approval
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*Approval from Department Dean/Administration Supervisor is required _____ Approved Not Approved

Printed Name: _____ Signature: _____ Date: _____

Submit to Department Vice President/Provost for Approval

*Approval from Vice President/Provost is required _____ Approved Not Approved

Printed Name: _____ Signature: _____ Date: _____

*Approval from Vice President/Provost is required to advance request to SMAC for Review and Recommendation.

Submit to Director of Facilities Planning, Cooper Service Complex

Space Management - Approval Form

Space Management Committee Review and Recommendation:

This request has been reviewed by the Space Management Committee and makes the following recommendations.

Space Management Committee Recommendation:

Prior to issuing a recommendation, Facilities Planning will be required to review this request, to insure the campus adheres to all SUNY and SUCF directives related to building codes, design requirements, construction requirements, budget analysis and funding source. Facilities Planning will contact the applicant to discuss the proposed scope of work.

Additional Information is required in order to render a recommendation:

Provide information and return to Space Management Committee

Information Request # 1: _____

Response: _____

Information Request # 2: _____

Response: _____

Information Request # 3: _____

Response: _____

Information Request # 4: _____

Response: _____

Prior to submitting responses, applicant has reviewed the additional information requested with their respective Department Chair/Director/Dean/ or Administration Supervisor and if required their Department Vice President/Provost:

No Yes

Return to Applicant

Applicant to Submit Response to Space Management Committee

Space Management Committee Final Comments and Approval Recommendation:

Comments:

REQUEST IS: Approved Approved with comments Not Approved Postpone

Approved Funding Source: Department Capital DIFR Operating Other N/A

Applicant Shall Contact The Following to Coordinate Requirements and Management of Moving / Renovations or Improvements and/or IT Requirements: Facilities Planning (7222) Physical Plant (7222) Information Technology (Help Desk 7448)

Space Management Advisory Committee Chair: _____ Date: _____

Submit to Applicant / Department Chair/Director / Department Dean/ Administration Supervisor / Department Vice President/Provost

Submit to Facilities Planning / Physical Plant and Information Technology