SPACE PROJECT REQUEST FORM

UPDATED 10/16/2025

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 (Bldg / Floor / Room)

Authorizing Dean/ VP name
Authorizing Dean/ VP email
Authorizing Dean/ VP phone
Has funding been identified (no / yes / amount / account)

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

WHY is this a priority for your team now ?

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

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

yes / no

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,for space planning review. Attach more info as required
2. If this change request includes any UHB staff or any UHB space, please cc Kijana.Corbin@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, cell 917-618-2770