

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