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| C:\Users\camellia\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Space_Management_formal_horiz_1p_1c_black_hires.png**SPACE ALLOCATION CHANGE REQUEST FORM** |

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| **INSTRUCTIONS** | |
| The University - not any group, division, college, department or individual - is the owner of its physical campus grounds and buildings. In order to ensure that all university space is subject to the assignment and reassignment for the common good of the University, the Campus Planning Council (CPC) will review policies and proposals affecting the University’s physical environment and make recommendations to the President. Final authority on the allocation and utilization of all University facilities rests with the President.  Please use this form to request department or program space assignments or changes to space for CPC review and recommendation for approval. Complete all sections of the form and secure required approvals and signatures. **Note:** **Divisional vice president or designee must submit completed request form to Space Management.** | |
| **Send completed form to:** | Director of Space Management  6000 J Street, Sacramento, CA 95819, Mail Stop 6034  Email: [spacemgt@csus.edu](mailto:spacemgt@csus.edu)  [csus.edu/administration-business-affairs/space-management](https://www.csus.edu/administration-business-affairs/space-management/) |

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| **CONTACT INFORMATION** | | | | | | |
| Contact Person |  |  |  |  | Today’s Date |  |
| Email |  | | |  | Campus Phone |  |
| Department |  | | |  | Campus Fax |  |
| Program Center/College |  | | |  | Mail Code |  |
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| **PROGRAM INFORMATION** | | |
| A. Describe briefly the program that will use the space and why the space is needed. | | |
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| B. Is this a new or existing program?  (check box or type response) | New | Existing |
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| C. Has the program or expansion been approved?  (check box or type response) | Yes | No |
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| D. How does the program relate to the University’s strategic plan and program center plans? | | |
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| **SPACE REQUIREMENTS** | | | |
| A. What type of space are you requesting? (Specify type [office, workroom, research, instructional (classroom/lab), study, etc.], quantity of each type, and square footage of each type). | | | |
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| B. If requesting Lecture rooms, what size do you have the greatest need for? | | | |
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| C. Date space will be needed: |  | Date no longer needed: |  |
| If no ending date, explain: |  |
| D. How many faculty/staff/students will be assigned? (Specify full-time or part-time staff/faculty for each space requested. Indicate if staff or faculty will be teleworking and can share office space.) | | | |
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| E. Are there special requirements of the new space? (e.g., equipment, location, visibility, access, adjacencies, relationships to other programs, etc.) | | | |
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| F. Describe briefly why your existing space is inadequate. (Include building and room and square feet for existing space.) | | | |
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| G. What other programs might be affected by this space change? How will they be affected? (**Note: If the space being requested is currently assigned to another program, consult with the relevant program and include hard copy and electronic supporting documentation/agreements.**) | | | |
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| H. If space will be vacated by approval of this request, please indicate if the current space will be released or describe the space backfill proposal. | | | |
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| I. What negative impact would occur if no new space is assigned? | | | |
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| J. Do you have any suggestions that would assist in fulfilling this request? | | | |
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| **SEEKING THE IDEAL** |
| A. Describe any other factors to consider: |
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| B. Do you have any suggestions beyond the scope of this request that would improve the University environment? |
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| **PROGRAM FUNDING** |
| Choose program funding: (check box and type response) |
| University Funded  Some available spaces (auxiliary owned building such as Modoc Hall, Del Norte Hall, University Union, etc.) may have monthly lease costs. If you are requesting space in those areas, does your program have external funding (non-state funding) to off-set lease costs? |
| University Enterprises, Inc. Grant Program  If University Enterprise, Inc. Grant Program was checked above, can the program pay for space rental costs to off-set lease costs? ) |
| Other Funding (please specify) |
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| **SPACE FUNDING**  (Sources of funds for costs associated with constructions, removal, moving, telecommunication, etc.) | | |
| Choose space funding: (check box and type response) | | |
| Capital Outlay |  | General Fund (specify) |
| Non-State (specify) |  | University Enterprises, Inc. |
| Funding Source Unknown | | |
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| **AUTHORIZATIONS** | | | | | | |
| **Department Chair/Program Manager** | | | | | | |
| Name |  |  |  |  | Title |  |
| Signature |  | | |  | Date |  |
| Note: Please email scanned form with signature to Space Management. | | | | | | |
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| **Dean/Program Center Administrator** | | | | | | |
| Name |  |  |  |  | Title |  |
| Signature |  | | |  | Date |  |
| Note: Please email scanned form with signature to Space Management. | | | | | | |

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| **PRIORITY** | |
| Program Center Priority # |  |
| (Required for CPC review if more than 1 request) | |

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| **Campus Planning Council (CPC) Use Only** | | |
| Date of Review: |  | |
| Action Taken: | | |
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| Recommendation Made: | | |
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| Date Forwarded for Approval: | |  |