Cornell University

Request for Allocation of Space
(Space Request Long Form – used for most space requests, including requests for new leased space)

Existing, Cornell-owned space must be utilized as effectively as possible in order to support desired growth. Any endeavors that require additional space should be addressed first within a unit’s current allocation, then within the unit’s lead college or division.

This form documents an expected or impending need for space by an academic or administrative unit of the University that cannot be met within the existing college or division allocation. A unit should complete this form as soon as it identifies the potential to occupy new space. This request will be reviewed by the Space Management Program Manager and then directed to the Space Use Advisory Committee for final review and comment. Per the Space Use Principles for Registered Organizations, requests from student organizations need to be resolved through sponsoring departments and other affiliates.

Directions for Completing Form: Respond to the requested information by inserting supporting text after each inquiry. Responses for each inquiry may use additional space as needed. Needs vary tremendously and a one-size-fits-all form will not work perfectly in all situations. Not every question may apply to every situation, and some questions require longer responses than others. The unit completing the form understands the need best, so do your best to record the need, and call for assistance if you have a question.

Send the completed form and any relevant attachments to: Space Management Program Manager, Suite 440 Day Hall or spaceplanning@cornell.edu. Call (607-254-3529) or e-mail with questions.

Part I: Requestor/Unit Contact Information
(Person who should serve as primary contact for Space Management Program Manager)

Name:       Phone:
Department/Unit; College/Division: Email:

Part II: Desired Space

Request is for: (check all that apply)

___ Additional space to support a new or expanded activity
___ Relocation from an existing space

Request can be met by: (check all that apply)

___ Cornell-owned, non-leased space
___ Leased-space (even if Cornell-owned)
___ An exchange of existing space with another college or division

Desired Location (geographic or specific building):

Part III: Purpose of Request

Briefly describe the need for space and the reason your unit is requesting space. If intent is to lease space, please elaborate as to why a lease arrangement is necessary or preferred.
Part IV: Space Request Information
A. Describe the type(s) of room requested and the intended use of the space. Attach a spreadsheet or other supporting materials as needed. Helpful details include:
   i. Room Use Description (e.g. reception, faculty or staff office, workroom, conference room, storage, teaching lab, research lab, research or teaching support space, departmental classroom, etc.).
   ii. Number of Occupants.
   iii. Type of Occupants (e.g. faculty, staff, T/A, R/A, or other non-Cornell constituents, etc.; include occupant titles and whether new hire(s) or existing employee(s), etc.).

B. If specific rooms are requested: 1) Provide the official Cornell facility code, facility name and room number for each room and 2) Identify whether the requested area will require renovation.

C. List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.).

D. What, if any, space will be vacated if a new allocation is made?

Part V: Space Needs Assessment
A. If space is to be used for a grant or award-funded program and/or costs are to be paid by the grant/award, please specify:

   Grant/Award Agency: ______________________________
   Type of grant: ______________________________
   Name/Dept of PI: ______________________________
   Amount of grant: ______________________________
   Duration: ______________________________
   Status: ______________________________

   If a donor will fund (all or in part) the space request, please describe circumstances:

B. In what way is your current space inadequate for the identified need?
C. Identify the effective date of the need. If the requested space is needed on a temporary basis, identify when the space will be vacated. Identify any other timing needs (e.g., need to move during semester break, in coordination with another activity, etc.).

D. How does your request fit with the role and mission of the unit, college/division, and University?

E. What are the benefits (programmatic, financial, etc.) that will occur as a result of having the request granted?

F. What will be the negative impact of not being assigned this request?

G. How will you pay for moving and/or renovation costs of the requested space? [Note: If using grant/award money, please confirm that this is an approved use of the funds and the maximum amount available]

H. Have temporary arrangements been made to use any of your existing space for the requested purpose? If so, please explain.

I. Provide assurance that all avenues to solve this space requirement within existing space have been explored. List specific solutions explored and reason(s) for insufficiency. For example, has the college/division considered maximizing under-utilized space to solve this need? Has the college/division re-evaluated the space assigned to lower priority initiatives? What possibilities for shared space have been explored?
Part VI: Supporting Documentation

___ I have attached floor plans, a functional spreadsheet, organizational chart, and/or other documentation to support this request [If yes, please list briefly here]

Part VII: Approval of Request

By signing, the dean/vice president/vice provost asserts that the need requested here cannot be met within existing space controlled by the College/Division. Further, the signer acknowledges the applicability of budget model requirements concerning the distribution of operations and maintenance expenses for space based on unit space allocations.

Signature of Dean/Vice President/Vice Provost: ____________________________________________

Printed Name: ___________________________ Date of Approval: ___/___/____

Send completed form and all attachments to: Space Management Program Manager, Suite 440 Day Hall or spaceplanning@cornell.edu. Call (607-254-3529)

Part VIII: University Space Planning Action:

Received by Space Management Program Manager; Date: ___ / ___ / ___ Disposition: [Date: ___ / ___ / ___]

Notes: