

# Space/Project Request Form

## REQUEST SUMMARY

Request date: \_\_\_\_\_

Space / program title: \_\_\_\_\_

Contact name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Information

Organizational unit: \_\_\_\_\_  
(division/college approving request)

Funding source: \_\_\_\_\_  
(org number, fund number)

Is funding covered in-full by the unit's operating budget?    Yes    N/A    No: \_\_\_\_\_  
(If no, provide supporting funding source. Central funding requests require additional approval from Budget and Financial Planning)

Funding

Type of space: \_\_\_\_\_  
(office, service, laboratory, parking, storage, etc.)

Square footage: \_\_\_\_\_

Fill out and attach a copy of the [VT Square Footage Calculator](#), listing all occupants for the requested space.

Desired occupancy date: \_\_\_\_\_

Term of space need: \_\_\_\_\_  
(six months, three years, etc.)

Retain existing space?    Yes    No  
(If yes, provide rationale in description)

Does the space require accessibility to persons who may be mobility impaired?    Yes    No

For Clery Act reporting purposes, how frequently will this location be used by students?  
Never    Daily    Weekly    Monthly    1X Semester    1X Year

Overview

Request description:  
Briefly describe the purpose of the request, noting any unique requirements or desired adjacencies.

Description

Other attachments: \_\_\_\_\_



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## ADMINISTRATIVE APPROVAL

By signing below, I approve the attached space request and funding source provided.

### *Signatures required for areas reporting to the Provost Office*

\_\_\_\_\_  
Academic Dean or Vice President

Printed Name

Date

\_\_\_\_\_  
Ken Smith  
Vice Provost, Academic Resource Management

Date

### *Signature required for areas reporting to the President*

\_\_\_\_\_  
Vice President

Printed Name

Date

### *Signature required for central funding requests*

\_\_\_\_\_  
Tim Hodge  
Assistant Vice President, Budget Financial Planning

Date