



The Space Request Form is required to start the process and make a request to the SPACE Committee. The Space Policy is on the Facilities web site (www.umb.edu/facilities/space).
Print, Sign, Scan and E-mail the completed form (or use docusign) and send it to SpaceRequest@umb.edu
For items 2-12, if you need to provide more information than will fit in the box, please use a word document and send it with the form.

Requestor Information

Name: _____ Date: _____
Title: _____ Phone: _____
Department: _____ E-mail: _____
Title of SPACE Request: _____

1. This is a request for (select all that apply):
- Intra-departmental move
 - Departmental move involving more than one department
 - Change of space function
 - Request for additional space
 - Renovations/upgrades required (e.g. relocating walls, doors, new utility connections, HVAC modifications, changes to lighting, changes to floor or ceiling systems)
 - Improvement of space required (e.g. carpet, paint)
 - Purchase of new furniture / equipment requested
 - Space required for funded research

2. Existing space description (include building & room numbers):



3. Describe the reason why the space is being requested as well as the space needed/required:

4. Describe how the programmatic needs contained in this request relate to the UMass Boston mission, strategic plan and/or other stated campus priorities:

5. To which Space Utilization Principle does this request apply?:



6. Please list all the equipment that needs to be accommodated in the space or fill out the equipment spreadsheet. Identify any equipment that has special requirements (e.g. power, cooling):

7. What funds are to be used to accomplish this request? Please include speedtype.

8. If funding is not yet awarded what is the anticipated date for receipt and term of the funding?:

9. Please list the headcount for all faculty, staff and students who will be using the space along with their positions and titles:



10. Space vacated if the request is approved returns to the University for assignment. If you wish to reoccupy this vacated space please explain why. This will likely require a further SPACE request.

11. Please identify any adjacency considerations:

12. Has the department/college investigated reusing under-utilized space and/or relocating lower priority uses to resolve this need? If so please explain how:



Space Planning and
Capital Expenditure
(SPACE) Committee

13. Request authorization signature:
By signing this form I agree that I am authorized to do so; this form is filled out completely and accurately; and I have read, understood and agree to abide by the policies and procedures of the SPACE Committee.

Requestor's Name: _____ Title: _____ Signature: _____ Date: _____

Department Head/Director: _____ Title: _____ Signature: _____ Date: _____

Dean /Ass. Vice Provost: _____ Title: _____ Signature: _____ Date: _____

Vice Chancellor: _____ Title: _____ Signature: _____ Date: _____

This box is for use by the SPACE PLANNING AND CAPITAL EXPENDITURE COMMITTEE only				
Date Received:	Form is Complete?	Sufficient Information?	Appropriate Authorization?	Action Taken:
Confirmation Sent:	Supplemental Form Attached			
Date Discussed:				
Date Decided:				
Form Processed By:	Date:	Request#:		



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This form is a profile of the existing space and is submitted with the SPACE Request form. Completing this form prior to filling out the request may assist you in formulating a strong proposal. Representative pictures are also appreciated!

If you are requesting new/additional space and NOT a change to any existing space, please check this box and do not complete the rest of the form.

GENERAL INFORMATION

Building Name:		Floor:		Room No.	
Department:					
Form Completed by:		Date		Extension:	

USE & OCCUPANCY

A. This space is primarily used for:	Instruction	Administration	Support
	Research	Storage	Other
B. The posted / use occupancy of this space is:	# of occupants		
C. The number of workstations in the space is:	# of workstations		

EXISTING CONDITIONS: FINISHED SYSTEMS

A. Floor Finishing:			
B. Wall Composition:			
C. Ceiling:	Paint	Suspended Tiles	Open Ceiling
D. Windows: #	of windows		
Are there window blinds?:	Y	N	N/A
E. Lighting: Is lighting adequate?:	Y	N	

UTILITY SERVICE CURRENTLY IN THE LAB SPACE

Water	Compressed Air	Emergency Power
Alternative Voltage	Vacuum	Gas (Flammable or Inert)
Does the space require specialized temperature controls:	Y	N



FURNITURE AND ACCESSORIES CURRENTLY IN THE SPACE

Item Description	#	Item Description	#	Item Description	#
Desk		Desk Chair		Bench	
Work Table		Stool		Sofa	
Conference Table		Conference Chairs		Half Height Partition	
Vertical Filing Cabinet		Assorted Chairs		Full Height Partition	
Lateral Filing Cabinet		Bookshelf		Cubicle system	

EQUIPMENT CURRENTLY IN THE SPACE

Fixed Equipment	#	Movable Equipment	#	Office Equipment	#
Sink		Digital Projector		CPUs	
Fume Hood		Screen		Server	
Cup Sink		Refrigerator		CRT Monitor	
Environmental Chamber		Freezer		LCD Monitor	
Dishwasher		-20 Freezer		Phone	
Cabinetry		-40 Freezer		Fax Machine	
Shelving		-80 Freezer		Copy Machine	
Work Bench		Ice Chest		Shredder	
Supplemental HVAC		Ice Machine		Printer	
Supplemental Lighting		Compressed Gas Cylinder		Water Bubbler	

ADDITIONAL COMMENTS