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| **Space Request Form (SRF)** |
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| The UNM Los Alamos Space Allocation Committee is appointed by the CEO to oversee the assignment and use of space by departments or programs. The purpose of this form is to provide information necessary for evaluation of space requests and identification of options to meet proposed space needs.  |
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| **INSTRUCTIONS:** |
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| Fill out the form, attach any additional information as necessary, and return the documents to the Los Alamos Space Allocation Committee at UNMLA\_SPACECOM-L@list.unm.edu. If you require assistance, please contact us at UNMLA\_SPACECOM-L@list.unm.edu. |
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| **CONTACT INFORMATION** |
|  |
| **Name:** |       |  **Date:** |       |
|  |
| **Department:** |       |  **Program:** |       |
|  |
| **Email:** |       |  **Phone:** |       |
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| **ARE YOU REQUESTING SPECIFIC SPACE? Yes: [ ]  No: [ ]**  | **SPACE NEEDED BY:** |       |
|  |
| **Building #:** |       | **Building Name:** |        |  **Floor:** |       |
|   |
| **Rooms:** |       |
| (and/or attach plan(s) with area(s) highlighted) |
| **REQUESTED DURATION** |
|  |
| **Temporary [ ]**  | **Permanent [ ]**  |
|  |
| **From:**  |       | **To :**  |       |  |
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| **REQUEST FOR NEW AND/OR ADDITIONAL SPACE** | **Attach any additional documentation/explanation as necessary** |
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| Briefly describe why space is needed.      |
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| Explain how the space will be used to support UNM-LA’s Strategic Plan. <http://losalamos.unm.edu/about/strategic-plan.html>        |
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| Address the implications to your program/service if new or additional space is not approved.       |
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| List employees with their FTE that will occupy the space (attach separate sheet if necessary).       |
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| Do you anticipate the number of people in your unit increasing within the next two years? **Yes: [ ]  No: [ ]** If yes, please indicate how many positions and the reasons for anticipated growth:       |
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| Provide current location for this program/service.      |
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| Space will be used for: **Instruction[ ]  Grant[ ]  Admin[ ]  Storage[ ]  Stdt Svcs[ ]  Public Service[ ]  Auxiliary[ ]  Other** **[ ]  (please specify):**       |
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| Is this space request based on a contract or grant that has been funded or is anticipating funding? **Anticipated [ ]  Funded** **[ ]  N/A** **[ ] Date Anticipated/Funded:       Term:       Grant/Proposal No:** |
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| If this space request is approved, will existing space to be vacated? **Yes: [ ]  No: [ ]**  If yes, please list building / room #’s.       |

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| **SIGNATURES** |
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| The signatures below indicate agreement that this space request should be reviewed. Approval to proceed with the analysis of this request does not imply any commitment for the assignment of space. |
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| **Chair / Director / Manager:** |       |
|  |
| Signature: | X |  | Date: |       |
|  |
| **Dean / Business Director:** |       |
|  |
| Signature: | X |  | Date: |       |
|  |
| **SUBMIT TO** |
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| Email a completed and signed pdf copy of the electronic SRF to: UNMLA\_SPACECOM-L@list.unm.edu |
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| **OFFICE USE ONLY** |
| Will the space be eligible for Instruction & General (I & G) and/or Facilities & Administration (F & A) / Indirect Cost Recovery (ICR) funding? (check all that apply) **I & G** [ ]  **F & A [ ]  Not sure [ ]**  |
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| If this space request is approved, does the requesting unit have sufficient funding in place to cover any renovation costs? Yes: **[ ]** No: **[ ]** If yes, please list funding source.  |