

Request for Allocation of Academic Space/ Change of Space Use

Part 1: Requestor/Unit Contact Information *(Person serving as primary contact)*

Name: Gail Mackin

Title: Associate Provost

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Department/Unit; Provost

College/Division: ASL

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Part 2: Purpose of Request

Briefly describe the need for space and the reason your unit is requesting space. This request addresses the following needs:

- **Make additional faculty office space in Purser Hall available to accommodate new Health Sciences hires.**
- **Relocate McNair Scholars from Hertz Hall prior to building demolition.**
- **Relocate GEARUP offices from Hertz Hall prior to building demolition.**
- **Accommodate additional Aviation office space adjacent to existing department offices.**
- **Consolidate existing office functions within CEPS in Black Hall**

Part 3: Space Request Information

- A. Describe the type(s) of room requested and the intended use of each space. Attach a narrative, spreadsheet or other supporting materials as needed.

Second floor office space in Black Hall will become available as a result of relocating Math, EHS and Athletics coaches' offices. The attached key plan shows the proposed new space allocation in order to accommodate the needs listed above.

- 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.). **Rooms shown on the attached key plan include office and storage space.**
- ii. Number of Occupants. **Occupants include (5) Health Sciences faculty from Purser Hall, (3) McNair Scholars staff plus student employees, and (3) GEARUP grant staff.**
- B. If specific rooms are requested: 1) Provide the facility name and room number for each room (**see attached key plan for room locations**), 2) If occupied, identify current occupant and proposed mitigation for the requested change (**rooms will be vacated as a result of other planned moves**), and 3) Identify whether the requested area will require modification, renovation or if any new infrastructure is required to support the proposed change in assignment or use. **No modifications will be required to accommodate new occupants.**
- C. List any special requirements of the space requested (e.g., location, access, equipment, adjacencies, etc.). **No special equipment or requirements have been identified for this request.**
- D. What, if any, space will be vacated by your department/unit if a new allocation is made? **Space vacated in Hertz Hall is slated to be demolished. Space vacated in Purser Hall will be backfilled with Health Sciences faculty.**

Part 4: Space Needs Assessment

- A. In what way is your current allocated space inadequate for the identified need? **Hertz Hall space was adequate but will no longer be available for McNair Scholars and GEARUP. Health Sciences/Physical Education, School Health, and Movement Studies departments have outgrown Purser Hall.**

- B. 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 a term break, in coordination with another activity, etc.). Assuming the space request is approved, provide a rough schedule of activities and timeline until space is fully occupied and functional. **Purser Hall occupants will be moved in early summer. GEARUP and McNair Scholars will be moved in fall 2018 after Athletic coaches' move to Psychology.**

- C. Describe how this request with the strategic plan, role and mission of the unit, college/division, and University. **These moves are required to support program growth and capital facilities plans.**

- D. How will you pay for furnishing, equipment, 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. Please also note if space is a required match if this is a grant funded operation) **CEPS funds have been identified to cover contents moves of CEPS faculty and one shifting of an athletic coach. The remaining moves will be covered by funds associated with the New Health Science Building. Black Hall offices are furnished, no additional furnishing or space modifications are expected. Space match is required for GEARUP and McNair programs.**

Part 5: Approval to Submit Request

By signing, the dean/vice president/assoc. provost/Provost asserts that the requested need cannot be met within existing space currently allocated to 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/Assoc. Provost/ Provost: _____

Printed Name: _____ Date of Approval: ____/____/____

Part 6: Provost Council Recommendation:

Received by Committee; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

Part 7: Space and Equipment Committee Recommendation:

Received by Committee; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

Part 8: BEC Recommendation:

Received by Budget Executive Committee; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

Part 9: Cabinet Approval:

Received by Cabinet; Date: ____/____/____ Disposition: [Date: ____/____/____]

Notes:

