

DEPARTMENT OF  
VETERANS AFFAIRS

# Memorandum

Date: February 6, 2002

From:

Subj: Space Request form

To: Research Space Committee

1. **Space Request:** Describe in detail the program needs, functional problems or deficiencies, and clinical, patient-care, environmental health or safety impacts:

2. **Date Space Needed:** Indicate time frame for proposed request (if needed by certain date): \_\_\_\_\_

3. **Current Usage:** Fill out completely the Service Space Inventory form with current Service space utilization information and include with this memorandum. Form must include names of all staff, indicating percentages of part-time employees (as they apply), PI name, and whether research is considered clinical or basic.

4. **Research Space Requests:** All space requests owned by Research or affecting current Research space shall use this same form and the Service Space Inventory form. In addition, a complete summary of grant information must be included with the package. This entire package should be submitted directly to the Research Space Committee.

5. **Proposed Usage:** All space requests shall indicate a location to which you propose to move.

Building	Room No.	Proposed Room Usage	Name of Occupant(s)

6. **Cost Estimate:** Describe any renovation or remodeling needed (add doors or walls, move doors or walls, etc.) to make the requested space usable for your intended purpose(s):

Prior to consideration by the Capital Asset Planning Board, all space requests shall include a cost estimate of the renovation costs. **Engineering Service will provide for estimation.**

Estimated Costs: \_\_\_\_\_ (to be filled out by Engineering Service)

7. **Impact on Utilities:** Indicate if the proposed space request will impact on existing utilities.

- |  |   |
|--|---|
| <input type="checkbox"/> Normal electrical power changes | <input type="checkbox"/> Computer changes   |
| <input type="checkbox"/> Emergency power needed          | <input type="checkbox"/> Phone changes      |
| <input type="checkbox"/> Lighting changes                | <input type="checkbox"/> Water, sewer, etc. |
| <input type="checkbox"/> Heating Ventilation changes     | <input type="checkbox"/> Don't know         |
| <input type="checkbox"/> Other - please specify _____    |   |

8. **Equipment:** Provide a complete list of existing equipment (refrigerators, alarms, etc.) needed to be moved in each space change:

In addition, indicate below status of new equipment.

- New equipment requested, but not approved
- New equipment requested and approved by Medical Center Equipment Committee. Date approved by Equipment Committee: \_\_\_\_\_ Proposed delivery date: \_\_\_\_\_
- New equipment requested and approved by VISN Equipment Committee. Date approved by VISN Equipment Committee: \_\_\_\_\_ Proposed delivery date: \_\_\_\_\_

9. **Furniture & Furnishings:** Indicate whether you will need any changes to furniture or furnishings (blinds, drapes, etc.)

- Need new furniture; see attached furniture request       Need new furnishings; please describe: \_\_\_\_\_
- No impact on furniture; move existing furniture       No impact on furnishings

10. **Other:** Describe any other impacts or information that may be pertinent to the space request and, if approved, to the space move:

11. **Point of Contact:** Indicate the name, phone number, and pager of the one point of contact for all questions and coordination for all space changes. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Pager: \_\_\_\_\_

12. List Funding and Source (VA, NCIRE, NIH, UCSF):

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Service Chief (all requests must be signed by the Service Chief)

