

Request for Renovation or New Space

FOR OFFICE USE ONLY

SAF # _____

Date Sent to OFPDC _____

Date Received _____

Received From OFPDC _____

POINT OF CONTACT

Name: _____

NetID: _____

Phone: _____

Department: _____

Work Needed By: _____

SPACE

New Space Renovation Furniture Only Repair

Building: _____ Room Number: _____

Space will be used for (select all that apply):

Instruction Research Office Storage Other

Please attach any concept drawing/floor plans. Contact the Coordinator of Facilities Inventory, 512.245.2244 for PDF floor plans.

JUSTIFICATION

Why is the new space or renovation needed and how does it support your strategic plan?
What are the implications if allocation of new space is not granted?

RENOVATION

Describe renovation needed in detail. Address special requirements such as plumbing, electrical, etc., if known. (It is not necessary to provide detailed engineering as Facilities will determine availability of supporting infrastructure, code issues, and engage engineering services where needed.)

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FURNISHINGS

Will you need additional/new furnishings? Yes No

Will you need to replace or relocate current furnishings?

Relocate Replace Not applicable

If yes, relocation Building/Room: _____

Itemize the furniture that will be needed. Please provide catalog sheets if available.

FUNDING

What is the source of funds for the renovation? NOTE: Departments are encouraged to provide some cost sharing for the project.

Unit* College* Division VP* Institutional funds needed

Amount available to commit to the project: _____

*Fund Number: _____ *Cost Center: _____

APPROVALS (OBTAINED BY REQUESTING DEPARTMENT)

Please note that campus standards will impact furnishings, carpeting, paint, etc.

Department Chair or Director

Name _____

Signature _____

Date _____

Dean, Asst. or Assoc. VP

Name _____

Signature _____

Date _____

SUBMISSION

Email completed form to fsplanning@txstate.edu. Please note that approval of this request is for cost estimates only. Work will not begin until cost estimates and scope of project have been approved by the department and any additional parties as necessary.

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Estimated Cost Range _____

Provost/Vice President Approval

Name _____

Signature _____

Date _____