

Binghamton University Space Request Form

Innovative Technologies Complex – Biotechnology Building

This form should be used to request space in the Innovative Technologies Complex (ITC) Biotechnology Building. The individual researcher or research group leader requesting this space should complete this form. Completed forms should be sent to the ITC building manager.

Please type or print neatly

Section I

DATE: _____

A. Contact Information

Please provide the following information about the individual requesting the space.

Name	Ext.
Address	E-Mail
Names of additional researchers for a research group	

B. Funding Sources

Please indicate amount and source of funds available for any costs associated with allocation of space. This would include moving expenses, equipment installation and general renovation costs.

C. Grant Information

To assist in the review of your request and establish appropriate allocation of space, please provide the following:

Grant Sponsor Name	Status-Applied/Awarded	Date of Funding	Project Director
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Please attach a copy of the proposal approval form for each of the above listed grants. If you do not have these forms they can be obtained from the Research Division.

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Section II

A. Description of Space Use

Check the one that most closely describes how space will be used:

- Research space (How much space needed in sq. ft.)
 Office space (How many offices needed?)
 Other, please explain (e.g. access to core facility)

Space will be primarily used by:

- | | |
|---|---|
| <input type="checkbox"/> Faculty
<input type="checkbox"/> Staff
<input type="checkbox"/> GA's | <input type="checkbox"/> Post Docs
<input type="checkbox"/> Research Staff
<input type="checkbox"/> External Constituents |
|---|---|

Number of Occupants Ranges From _____ To _____

Date space is needed: _____ Length of time needed (months/years) _____

B. Space Utilization

Please indicate the time period the space will be in use for each time frame. (Indicate a.m./ p.m.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fall							
Spring							
Summer							

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C. Staffing

Name(s) of person(s) who will be using the space:

Name	Title	Status	Account	Hrs/wk Using
		<input type="checkbox"/> Existing <input type="checkbox"/> To Be Hired		
		<input type="checkbox"/> Existing <input type="checkbox"/> To Be Hired		
		<input type="checkbox"/> Existing <input type="checkbox"/> To Be Hired		
		<input type="checkbox"/> Existing <input type="checkbox"/> To Be Hired		

D. Equipment/Furniture

Please indicate utilities required within:

<input type="checkbox"/> Electric-120v	<input type="checkbox"/> Gas	<input type="checkbox"/> Computer/Data
<input type="checkbox"/> Electric-220v	<input type="checkbox"/> Cable TV	<input type="checkbox"/> Telephone
<input type="checkbox"/> Emergency Power	<input type="checkbox"/> Water	
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other	

Please check all features required:

<input type="checkbox"/> Fume Hood	<input type="checkbox"/> Dry Lab	<input type="checkbox"/> Wet Lab
<input type="checkbox"/> High Bay	<input type="checkbox"/> Special Lighting	<input type="checkbox"/> Other

Please list the types and quantity of equipment/furniture to be housed within:

Quantity	Description	Size (L x W x H)	<input type="checkbox"/> Existing <input type="checkbox"/> To Be Purchased
			<input type="checkbox"/> Existing <input type="checkbox"/> To Be Purchased
			<input type="checkbox"/> Existing <input type="checkbox"/> To Be Purchased
			<input type="checkbox"/> Existing <input type="checkbox"/> To Be Purchased

E. Special Requirements

Please describe any other requirements of this space including its proximity to other facilities. Indicate any space that is particularly suited to this request.

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Section III

Description of the Research Activity

- Describe the activity to be undertaken in the ITC and how it supports research in the area of life sciences or enabling technologies. Outline the potential economic impact of the research and how the research complements activities at the ITC.
- Indicate space that will be relinquished if ITC space is allocated
- Attach to back of form.

Section IV

Approvals

By signing this request, the researcher agrees that the information contained herein is correct and that fulfillment of this request would advance the ITC goals. **Only requests with appropriate approval signatures will be considered for space allocation.**

Researcher requesting space _____ Date _____

ITC Building manager _____ Date _____

Vice President for Research _____ Date _____

Comments:

- Obtain information for all spaces allocated to the researcher on the current Physical Space Inventory (PSI) by calling 7-2365
- Verify that existing PSI information is correct or indicate necessary changes.

For ITC management committee

Priority H M L

ITC management committee Recommendation: _____

For ITC building manager use only

Space Request Number: _____ Date Received: _____

Notification Date: _____ Renewal Date: _____

Space Assigned, if applicable: _____