

# Request for Renovation or New Space

## FOR OFFICE USE ONLY

SAF # \_\_\_\_\_

Date Sent to FPDC \_\_\_\_\_

Date Received \_\_\_\_\_

Endorsement Date \_\_\_\_\_

## POINT OF CONTACT

Name: \_\_\_\_\_

NetID: \_\_\_\_\_

Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Work Needed By: \_\_\_\_\_

## SPACE

☐ New Space    ☐ Renovation    ☐ Furniture Only

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.*

## 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: \_\_\_\_\_

## 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?

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## 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.)

## 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.

## 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 [SpaceManagement@txstate.edu](mailto:SpaceManagement@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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FOR OFFICE USE ONLY	
Initial Review Estimated Cost Range	Final Approval Estimated Cost Range
<b>Cristine Black (Budget &amp; Planning)</b>	<b>Provost/AA</b> Name _____ Signature _____ Date _____
<b>Provost/AA</b> Name _____ Signature _____ Date _____	<b>Vice President</b> Name _____ Signature _____ Date _____
<b>Vice President</b> Name _____ Signature _____ Date _____	<b>President*</b> Name _____ Signature _____ Date _____
	*Signature approval required for projects > \$100,000