Print Form

University of Nevada, Reno
Facilities Resource Committee Request Form

Instructions: Submit this **COMPLETED AND SIGNED** form to the Facilities Resource Committee (FRC) Office of the Provost, M/S 005. FRC meetings are scheduled on the second Tuesday of each month in Clark Administration, Phillips Conference Room #202. All requests will be reviewed by Facilities Services to develop cost estimates and/or evaluate the impact to existing facilities. **This form must be submitted a minimum of one week prior to the scheduled date of the committee meeting to be placed on the meeting agenda**.

Department:

Name of Requester:

Campus Address: Extension:

Date Submitted:

Effective Date:

Acknowledgement of Support of Department Chair (REQUIRED):

Signature: _____ **Print Name:** _____

Acknowledgement of Support of Dean/Vice President of College or Unit (REQUIRED):

Signature: _____ **Print Name:** _____

Type of Request

☐ Request for Assignment of Additional Space or Reassignment of Space:

- ☐ To enhance existing or accommodate new instructional program
- ☐ To enhance existing or accommodate new research programs
- ☐ To enhance existing or accommodate new administrative services to academic programs
- ☐ To improve efficiency of existing or accommodate new administrative services, other than above
- ☐ To improve efficiency of existing or accommodate new student services
- ☐ To improve efficiency of existing or accommodate the need for additional office space

☐ Request for Approval of Renovation:

☐ Request for Approval of Signage:

- ☐ Interior Building Signage
- ☐ Exterior Building Signage
- ☐ Exterior Campus Signage

Name of representative who will be present at the committee to explain timing and programmatic needs:

Name:

(A.) Please check all boxes that apply and provide a brief description of the request on last page **(A).** Include information on the existing facilities, if any, which currently accommodate the activities, and why different or additional space is necessary. Describe any space to be released as a result of this request.

☐ Classroom ☐ Office ☐ Research Lab ☐ Server Room

☐ Class Lab (Instructional/Computer) ☐ Study Room ☐ Conference Room ☐ Storage

☐ Multi-Use (Please specify) ☐ Special Equipment ☐ Lab Equipment ☐ Other (Please Specify)

To whom is this space currently assigned? _____ Have they been consulted? ☐ Yes ☐ No

How will these activities be accommodated?

Has this request been reviewed by Facilities Services? ☐ Yes ☐ No

Has a cost estimate for this request been developed by Facilities Services? ☐ Yes ☐ No

Have visual aids (drawings, signage layouts, remodel plans) been generated and attached with this form? ☐ Yes ☐ No

If renovations are needed, are departmental/college/division funds available? ☐ Yes ☐ No ☐ State ☐ Non-State

Amount of Available Funds:

Source(s) of Funds:

Estimated Cost:

(B.) Please specify any other special needs, such as parking, etc. Additional text box space available for narrative on last page (**B**)

Impact Statement

(C.) Provide a brief description of the impact on your college/department/research if this request is denied. Additional text box on last page (**C**)

****

AUTHORIZATION

FRC has reviewed the above request:

Request approved: _____

Request tabled pending: _____

Request denied: _____

Conditions/Requirements/Timeline & Responsible Party:

_____ _____

Facilities Resource Committee Date

Office of the Provost
Clark Administration, Room 110
University of Nevada, Reno/0005
Reno, Nevada 89557-0005 *http://www.unr.edu/provost/*

(A.) Description of the request continued:

(B.) Special needs, such as parking, etc. continued:

Impact Statement

(C.) Impact on your college/department/research if this request is denied continued: