

Space Request Form

This section to be completed by Facilities Management only. If you have any questions regarding the completion of this form, please contact Janet Sauriol at 7199 or Teams			t Request No:			
Submit to:	saurioj@algonquincolleg	saurioj@algonquincollege.com				
<u> </u>						
1. Client Info	rmation					
Academic School /		Dean /				
Admin. Department:		Director:				
Academic Department / Admin. Division:						
		Phone:				
Contact:		Email:				
2. Description	on of Activity or Need					
-	title for future referencing of the requ	est)				
,	<u> </u>	,				
Campus:		Affected Room	(s):			
•	mate / March	(If applicable)				
	Space Needed By: (Month / Year) Focus is implementation in FY 25/26		Duration of Space Need: (Long- Term; Temporary-Months)			
and beyond		· ·	,			
Classification of Request Describe)	st: (Alteration / reconfiguration of exis	sting activity or spac	ce; Expansion of existii	ng activity; space for new activity; Other-		
Describe						
December (Occurs as an						
Description: (Summari	ze the activities and functions to be a	ccommodated by th	e request).			
Summarize the issues a	and rationale for the space request.	Re as detailed as no	ssible as the informati	on provided here will be used to prioritize the		
Summarize the issues and rationale for the space request. Be as <u>detailed</u> as possible as the information provided here will be used to prioritize the request in consideration of all College needs						
3. Indicate C	riteria That Aligns with the	Space Request	∷ (Check one box only	y)		
Legislative Requirement (The space request is required in order to meet legal, compliance, regulatory or contractual mandates)						
Strategic or Deve	Jonment Dian (The snace request ali	ans with the College	a's overall strategies: I	earner Driven: Innovation and Ovality:		
Strategic or Development Plan (The space request aligns with the College's overall strategies; Learner Driven; Innovation and Quality; Connected; Sustainable; People)						
Academic Initiative that Accommodate Enrolment Growth and Build Capacity (The space request is required for new/amended programs; new labs, classroom / increase capacity; etc.)						
Chaff on Comico I	······································					
Statt or Service F	unction (The space request is an acc	commodation requir	ement)			
4. Provide D	etails as it Relates to the Fo	llowing Criteria	a: (Fill in only the ones	s that are applicable)		
4. Provide Details as it Relates to the Following Criteria: (Fill in only the ones that are applicable) How does this space request align with the College Business Plan / Strategic Plan						
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How does the activity generate revenue for the College. NOTE: If your space request is revenue generating, you are required to fill in the attached						
ROI Form						
Describe the urgency of	f the request: (eg. Activity will not run	without this project	Impact if request is no	ot completed)		

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Describe how this request improves space optimization	
How does the request support online activity or work from home policy	
Describe how this request improves service to Clients and/or efficiency of college operations	
Describe how this request improves quality of the learning environment	
5. Funding	
Identify any funding that may be available to support this activity	
6. ACET Member Endorsement	
Confirmation of ACET Member Endorsement	
Laffirm that this chace request has been reviewed and endersed by the appropriate Vice President for submission	