



SPACE MODIFICATION REQUEST FORM INSTRUCTIONS & PROCESS

- 1) The information at the top of the form, within the grey-colored boxes DOES NOT need to be filled in, that information will be added later on, once the form is received by Central Scheduling.
- 2) Requestor should fill out all of the information below dark green line (attach sketches if possible).
- 3) Submit form to your Dean or Director for consideration.
- 4) If approved, the Dean/Director recommends funding source & determines whether or not it is an urgent request, checking the appropriate box & other information within the boxed area, then he/she should present the SMRF to the corresponding Vice President for consideration.
- 5) If approved, VP should verify funding source and if necessary, check the "Estimate Only" box and send the completed SMRF to the Facilities Planning & Construction Department.
- 6) FP&C staff will review request with requestor and determine feasibility of project SMRF may require review and approval by Space Allocation Committee.
- 7) A. If a project is marked Urgent the Dir. of Facilities Planning & Construction (FP&C) will assign a Project Manager (PM).
B. If marked as Non Urgent; the Project will be evaluated by Project Management Team & assigned a PM at the next biweekly SMRF meeting.
- 8) PM will communicate with Project Contact person designated on SMRF within 2 weeks of his/her assignment to the project.
- 9) Project manager does a preliminary estimate and submits it to Requester.



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Space Modification Request Form

SMRF	_____ - _____
P. Mgr:	_____

Official Name of Project _____

Date: _____ Department: _____

Primary Contact Person: _____ Phone: _____ E-Mail: _____

A Project Manager will be assigned to this request and will be contacting you within two weeks of his/her assignment to schedule a project scoping meeting & if applicable, a site visit.

Requested Timeline:* _____

** Actual Project scheduling may be dependent on many variables, like University Priorities, availability of funding & funding & labor resources, safety & code compliance requirements, ETC.*

PURPOSE OF REQUEST: (Be as detailed as possible and if applicable, please include a rough sketch of what you have in mind):

Attached sketch: YES NO

Building Name: _____ Room # (s): _____

Department Needs / Program:

Number and Type of Spaces Required: _____

Equipment Needs: _____

Furniture Needs: _____

Plumbing & HVAC: _____

Locksmith / Access control: _____

Electrical / Data / Network / Audio Visual: _____

Other: _____

APPROVAL

1. Requestor's Signature: _____ Date: _____

Print Requestor's Name: _____

2. Dean / Director Signature: _____ Date: _____

Print Name: _____

Proposed Funding Source: _____ Is this a Grant & Contract Account? YES NO

If the project meets a high University priority & is considered urgent, please check one of these 2 boxes:

URGENT (with funding already identified):

URGENT: (without funding sources identified):

3. Divisional Vice President Signature: _____ Date: _____

Print Vice President Name: _____

For Estimate Only

Process with approved Funding Source

Date _____

Funding Source Approved: _____

THE SAC CONSIDERED AND APPROVED THIS PROJECT ON: _____

NOTE: IF APPROVED, THE PROJECT WILL GO TO THE PRESIDENT FOR FINAL REVIEW & FUNDING DETERMINATION