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## 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, including signature (attach sketches if possible).
- 3) Requestor should also answer Integrated Facilities Planning Criteria 1 to 7 on pages 2 and 3.
- 4) Submit form to your Dean or Director for consideration.
- 5) 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.
- 6) If approved, VP should sign, verify funding source and if necessary, check the "Estimate Only" box and send the completed SMRF to FP&C Department
- 7) FP&C staff will review request with requestor and determine feasibility of project.
- 8) 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 PMT and assigned a PM at the next biweekly staff meeting.
- 9) PM will communicate with Project Contact person designated on SMRF within 2 weeks of his/her assignment to the project.
- 10) Project manager will prepare a preliminary schematic and a preliminary cost estimate and submit it to Requester for consideration.
- 11) When cost is approved and financial account is provided, FP&C will proceed to schedule the necessary design and construction work.

**ABBREVIATION:** SAC = Space Allocation Committee / FP&C = Facilities Planning & Construction / PMT = Project Mgmt. Team / PM = Project Manager



**THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**  
Space Modification Request Form

<b>SMRF</b>	_____ - _____
<b>P. Mgr:</b>	_____

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**

**THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY**

Facilities Planning & Construction Department  
Strategic Plan - Integrated Facilities Planning Criteria

Responses are required in order to evaluate each Space Modification Request Form (SMRF) and its level of integration with the University's Strategic Plan. Each SMRF will be evaluated based on potential benefit, and overall integration with the University's mission and strategic directions.

Responses should be factual, short, and to the point. Responses shall be provided to each criterion even if there is a minimal or indirect relationship with the modification requested. Criteria responses left blank will have a negative effect on evaluation and approval. If requestor has additional supporting documentation, references to attachments or exhibits can be indicated.

**CRITERIA 1 - STUDENT SUCCESS**

1.1 - Describe how this proposal supports or improves student success
Response:

**CRITERIA 2 - EDUCATIONAL OPPORTUNITIES**

2.1 - Describe how this proposal supports or improves education opportunities
Response:

**CRITERIA 3 - RESEARCH IMPACTING THE RIO GRANDE VALLEY AND BEYOND**

3.1 - Describe how this proposal supports or improves research impacting the RGV
Response:

**CRITERIA 4 - HEALTH AND MEDICAL EDUCATION**

4.1 - Describe how this proposal supports or improves health and medical education
Response:

**CRITERIA 5 - COMMUNITY ENGAGEMENT**

5.1 - Describe how this proposal supports or improves community engagement
Response:

**CRITERIA 6 - PROFESSIONAL DEVELOPMENT AND GROWTH OF FACULTY AND STAFF**

6.1 - Describe how this proposal supports or improves professional development
Response:

**CRITERIA 7 - SUSTAINABILITY**

7.1 - Describe how this proposal supports or improves sustainability for UTRGV or the Community
Response:

Each response will be scored on a scale of 1 to 10 with 10 being the highest.