**Health Sciences Research Space Request Application**

**Introduction:** This research space request application should be completed for new or incremental space requests within Health Sciences. This information is used by the Health Sciences Space Advisory Committee to understand the specific space needs of the research faculty, the funding portfolio that will actually occur in the assigned space, how the space will support the researcher’s range of scientific activities, and the list of research staff that will actually work in the assigned space. Please provide as much information as possible; if information is unavailable, note that in the application.

The Committee generally meets once per month to review all requests. The completed space request application should be **submitted prior to 1st Wednesday of the Month** **to be considered in that months’ meeting.** Submittal shall be endorsed by and come from the Department Chair and/or ORU Director to David A. Brenner, Vice Chancelor of Health Sciences, and Jerrold M. Olefsky, Chair of the Health Sciences Space Committee, with a CC: toPlanning and Space Management (prmcas@ucsd.edu). **Please include a copy of the faculty member’s updated CV as part of the application**.

This space request application does not include assignments of spaces within vivarium areas. Requests for vivarium space should be coordinated separately with Phil Richter, Director of UCSD Animal Care Program.

1. **Faculty Information:** Use the space below to provide information about the faculty member in need of new, incremental, or modified research space. If the faculty member is an external recruitment, list the proposed title, rank, series, department, and FTE allocation accordingly.

|  |  |
| --- | --- |
| Date of Submission |  |
| **Faculty Member’s Full Name** |  |
| **Existing researcher or external recruit?** |  |
| **Title** |  |
| **Academic Series and Rank** |  |
| **Primary Department and/or ORU** |  |
| **Secondary Department (if applicable)** |  |
| **Does this researcher hold an FTE?** |  |
| **If so, what percentage FTE?** |  |
| **Does this researcher work at the VA?** |  |
| **If so, what is the researcher’s VA 8ths?** |  |

1. **Scientific Program:** Use the space below to provide information about the research program and scientific collaborations. The description will be used by the Space Committee to gain a basic understanding of the researcher’s program and how the space requested will support the researcher activities.

|  |  |
| --- | --- |
| Describe the researcher’s scientific program and general activities that will happen in the space: |  |
| **Will the researcher collaborate with other research programs? If so, which researchers and programs?** |  |

1. **Space Request:** Use the space below to describe the location (if known), quantity, and characteristics of space requested. Describe the types of space needed and how the space will be used (i.e. wet lab research, dry lab research, offices, research support services, special equipment needs, special building infrastructure needs, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Requested Building and/or Room Numbers (if known) | Type of Space (lab bay, tissue culture, office, etc.) | Approximate Square Footage | Comments |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Is this a new space assignment, an incremental space assignment, or a replacement for existing space? |  |
| **Explain the reason for this space request and/or the intention of use for this new space.**  **If incremental space, explain why the existing portfolio does not meet your needs.** |  |

1. **Personnel Information:** Use the space below to describe the lab employees who will work in the space requested. If this is an incremental space request to augment an existing researcher’s space footprint, include employees that remain in the existing space allocation.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Full Name | Employee Title | % of Time in Space | Office or Lab Bay Location (room number, if known) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Awarded Research Funds:** Use the space below to list all of the funded activities that will occur in the space requested. If this is a request for space to augment a researcher’s existing space footprint, list all of the funded activities for the existing and requested space. Only include those average annual funding sources which occur in the researcher’s space footprint (prorate as needed to quantify the amount of funded activity in the researcher’s space footprint). If portions of funded activities occur in some other space footprint (e.g. grant sub-awards sent to another institution) they should not be included here.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PI Name/Lab Employee’s Name | UCSD Acct. Fund Number | Funding Source Identifier (agency’s grant number, etc) | Funding Source Title and/or Type (grant title, recharge core name, lab service agreement, fellowship/training grant, etc) | Project Start Date | Project End Date | Total Project Direct Cost in Space | Average Yearly Direct Cost in Space |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |