

School of Medicine DAR Space Request Form

This form to be completed by parties requesting use of space in a DAR facility

Name: _____

Today's Date: _____

Department: _____

- Space Request**
- Renovation request**

Project Title: _____

Description (including who will occupy):

Justification:

Grant Number	Current Year Directs	Indirects	Total Current Grant Funding

Building:	_____
Room Numbers (if known):	_____
Departmental Contact (Phone, e-mail):	_____
Date needed for Occupancy :	_____
Date expected to vacate:	_____

Funding Source to prepare space(% or \$)

DAR/Dean SOM	Department	Other (Specify)

Funding Source to maintain space(% or \$)

DAR/Dean SOM	Department	Other (Specify)

Please return completed form to mhuerka@dar.emory.edu

DAR SPACE USE IMPACT ANALYSIS

This form to be completed by the DAR Director or designee.

Investigator: _____ **Dept:** _____
Project Title: _____ **Site:** _____

Designed purpose of site: _____

Historical use of site summary:

Net square feet: _____

Subsequent space assignment: _____ **DAR/SOM** _____ **Dept:** _____

Reason for space assignment:

DAR Recommendation: _____ **Approve** _____ **Deny** _____ **No action**

Rationale:

Impact Analysis Created by: _____

Date of Impact Analysis: _____