

SARF: Space Allocation Request Form

Request for: New Space Additional Space Modification of Existing Space Furniture

[Submit by Email](#)

I. Contact Information

[Print Form](#)

Requesting Department: _____

Date: _____

Name: _____

Email: _____

Title: _____

Phone: _____

II. Current Situation

How much square footage is currently occupied? (If unknown, leave blank) _____ How many people currently occupy the space? _____

In what building? _____ What floor? _____

III. Reason for Request

Briefly describe why new, additional or modified space is needed. Include details on the impact to your department or program if the request is not approved.

IV. Determination of Space Needs if Request is for New or Additional Space

Provide current organizational chart of the staff to be relocated/reconfigured.

Date Needed _____ Hours of Operation: _____ Preferred Location(s) _____

Check if any of the following are needed and provide details on request specifications.

- Phones Parking Copy Room Special Office Equipment Reception Assistance IT Audio/Visual
 Conference Room Security Storage Area Generator Backup Break Room Other

V. Funding

What funding source will be used? (Account string required) _____

Project budget dollar amount (If known) _____

VI. Future Needs

Is the number of people in your department anticipated to increase in the next 2 to 5 years? Yes No If so, by how many? _____

VII. Approvals

Other Departments Impacted by

Project Signature: _____ Print Name: _____ Date _____

Department Director Signature: _____ Print Name: _____ Date _____

County Administration Signature: _____ Print Name: _____ Date _____

- Proceed without Business Case Complete Business Case Approved Denied

FC&M Project Estimate (+/-): _____ Dept. Director Signature: _____ Date _____

For FC&M Department Use Only: Approved Denied Postponed Date _____

Lee County Board of County Commissioners - Facilities Construction & Management

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Questions? Contact Carey Jenkins - phone: 533-8375 or email: cjenkins@leegov.com

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