

SPACE USE FORM

DATE: _____ TITLE OF APPLICATION: _____

GRANTING AGENCY: _____

Principal Investigator: _____

Other key professional personnel named on this proposal: _____

Personnel by title or name to be utilized as support for this proposal: _____

Will there be a increase in the Science Center staff? Yes _____ No _____

If yes, please specify. _____

FACILITIES: Mark the facilities to be used. Please indicate room number and approximate square footage.

☐

Laboratory:

☐

Office:

☐

Services: (electrical requirements, HVAC, HW, CW, DW, steam, vacuum, etc.)

☐

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for the project, noting the location and pertinent capabilities of each.

EQUIPMENT TO BE PURCHASED UNDER THE GRANT: Please note location and the services that will be required.

ADDITIONAL INFORMATION: Provide any other information describing the environment for the project; i.e., support services, electronics, and/or machine shop.

Please use reverse side, if more space is needed.