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**Strategic Investment Fund (SIF) Space Plan**

This space plan is **required** to be uploaded and submitted as part of the SIF application if the proposed project involves any potential changes to existing space usage or requires new space within Faculty of Medicine academic research and administrative space located at a health authority site or on one of the university campuses.

Examples of potential changes to existing space usage include (but are not limited to): a significant change in the number or type of users, installation of new equipment requiring power, data, or other special infrastructure.

To ensure that projects are well-planned and infrastructure requirements are adequately identified, applicants **must schedule a consultation** with Stephen Arentsen (stephen.arentsen@ubc.ca), Senior Planner, Space Planning & Facilities Management.   
This consultation must be booked at least **three weeks** prior to the proposal submission deadline.

**\*\* The following space plan should be completed as part of the consultation process and submitted with the SIF application** \*\*

# **SIF applicant contact information**

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| --- | --- |
| **Last name/First Name:** |  |
| **Email:** |  |
| **Unit/Department/School:** |  |

# **Space need**

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| **Briefly describe why new space is needed or what changes are planned for an existing space.** |
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# **Description of space**

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| --- | --- | --- | --- | --- |
| **Site** | **Building** | **Room Number** | **Room Type\*** | **Square Footage** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

# \* refer to room type list at end of document

# **Plan details**

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| **Is the proposed space within the current Faculty of Medicine academic space footprint at a university or clinical campus?** |
| Yes  No |
| **Has confirmation of the space allocation from a distributed site or centre been secured?** |
| Yes  Not yet  Not applicable |
| **How was access to the space secured or, for new space, how will it be?** |
|  |
| **Describe any required renovations, including cost estimates if available.** |
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| **Please provide any other relevant details.** |
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# **Space planning & facilities management sign-off**

|  |  |
| --- | --- |
| **Date Completed** | **Space Planning and Facilities Management unit representative** |
| yyyy/mm/dd | Name: Enter first name, last name |

# **Reference - room type list**

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| --- | --- |
| **Type** | **Definitions/Examples** |

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| Dry Lab | Laboratories where research and analysis are primarily carried out on computers and through non-wet lab experiments. |
| Lab Support Space | Any space adjacent to or that supports the main lab space, such as Microscope rooms, fume hoods, dark rooms, etc. |
| Office | Enclosed office space used for academic activities. |
| Storage | Equipment and supply storage areas. |
| Wet Lab | Laboratories where chemicals, drugs, or other material or biological matter are handled, often requiring direct ventilation and specialized utilities. |
| Workstations | Open workstations or cubicles. |