

## Request Form

# Research Space Allocation in Support of Research Grants, Contracts or Agreements

**When to use this form:**

- At Memorial faculty members are normally expected to conduct their research within the normal space allocated for their disciplinary and departmental allocations.
- This form should be used in the event research activities require additional space outside of existing departmental allocations and is managed by the HSS Dean's Office, or centrally by University Administration.

**Who completes this form:**

- HSS faculty members only.
- Temporary research space allocations arranged between departments as part of in-kind research contributions should *not* use this form. Such allocations must, however, be documented with start and end dates, prospective rooms (if known) and type, and included with research grant submissions as part of normal application procedures.
- HSS Approvers/signatories for this form are faculty members, Department Heads and HSS Dean or Associate Dean.

**Submission procedures for this form:**

- Completed request forms should be submitted to the HSS Dean's Office by Department Heads **as early as possible ahead of the application deadline**. Requests should normally be submitted a minimum of eight weeks prior to the HSS internal deadline.
- Submit the form to the Grants Facilitator handling your file: Heather C. O'Brien at [HSSResearchAdmin@mun.ca](mailto:HSSResearchAdmin@mun.ca) or Matthew Milner at [HSSResearchGrants@mun.ca](mailto:HSSResearchGrants@mun.ca). Questions about this form can also be directed to Heather at 864-8603 or Matthew at 864-8050.
- Internal HSS deadlines can be tracked using [HSS's Research Funding Tracker](#).

## 1. Proposed Project

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**Project Title:**

**Principal Applicant:**

**Affiliation (institution, faculty, department, as applicable):**

**Start Date (MM/YYYY):**

**End Date (MM/YYYY):**

**Funding Agency:**

**Grant/Program Name (please provide web link if available):**

**Total Amount Requested from Funding Agency:**

**Project Summary (max 50 words):**

## 2. Requested Research Space Allocation Details

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*Please attach additional pages using addendum if required for more members.*

Faculty Member - 1

**Name:**

**Department:**

**Telephone:**

**Email:**

**Project Role:** Principal Investigator

Co-Applicant

Other

**Estimated Space required (ft<sup>3</sup>/m<sup>3</sup>):**

**Start Date (MM/YYYY):**

**End Date (MM/YYYY):**

**Designated Function/Type (e.g. office, lab, other) and indicate main research activities:**

**Furniture, if required (specify):**

**Number of occupants, specify role of each (e.g. research assistants):**

**Approximate hours/week needed. Indicate if can share with other projects:**

Signatures

**Faculty Member:**

**Date:**

**Department Head:**

**Date:**

### 3. Requested Research Space Allocation Justification

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**Explain why research project space needs cannot be accommodated within the regular departmental allocation(s):**

### 4. Approval

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*To be completed by the HSS Dean's Office only. Please indicate space allocated by HSS, and any space requests which require University-level approval or allocation. Note specific uses, or faculty members as per details, if needed.*

HSS Space Allocation

*Provide details*

**Granted:**

**Not Granted:**

University Space Allocation

**Space request for the Office of the VPR and / or University Space Committee from the HSS Dean's Office:**

**Dean's signature:**  
(or Associate Dean's)

**Date:**

**Addendum**

**Research Space Allocation: Additional Details**

***When to use this addendum:***

- This addendum should only be used for additional details for research space allocation requests.
- Copy this page as many times as needed, numbering faculty member details sequentially, and attach to the Research Space Allocation Request Form

Additional Requested Research Space Allocation Detail(s)

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Faculty Member -

**Name:**

**Department:**

**Telephone:**

**Email:**

**Project Role:** Principal Investigator

Co-Applicant

Other

**Estimated Space required (ft<sup>3</sup>/m<sup>3</sup>):**

**Start Date (MM/YYYY):**

**End Date (MM/YYYY):**

**Designated Function/Type (e.g. office, lab, other) and indicate main research activities:**

**Furniture, if required (specify):**

**Number of occupants, specify role of each (e.g. research assistants):**

**Approximate hours/week needed. Indicate if can share with other projects:**

Signatures

**Faculty Member:**

**Date:**

**Department Head:**

**Date:**