

**Request for Space – Business Incubation**  
 Campus Facilities – Space Planning & Management  
 (CF-SPM)

Before completing the Request for Space, review the policy at <http://www.cf.missouri.edu/spm/guidelines/business.html>  
 The request for University space for the purposes of Business Incubation is reviewed by the Advisory Committee on Space then forwarded to the Capital Review Committee for final approval or rejection.  
 You may fill out the form and email it to [davishe@missouri.edu](mailto:davishe@missouri.edu) or fax at 882-6957.

<b>CONTACT INFORMATION:</b>		
<b>Requesting Department:</b>		<b>Date:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Email:</b>
<b>DESCRIPTION OF SPACE NEED:</b> Please contact CF-SPM if you need floor plans or assistance completing this form. Phone: 882-4506 or E-mail: <a href="mailto:davishe@missouri.edu">davishe@missouri.edu</a>		
A. Space will be used for business incubation of (company name & faculty):		
B. Has approval from OTMIR & Conflict of Interest Committee been obtained?    Yes    No		
C. Please describe the space requested using building name & room #s or attach drawing/floor plans/diagrams:		
D. What funding sources were used to construct this building/space? If grant funded, identify the PI and/or grant award #.		
E. What equipment (if any) is proposed to be utilized? Identify funding sources used to purchase the equipment. If grant funded, identify the PI or grant #.		
F. Please describe what types of activities will be conducted in this space on behalf of the company:		
G. Please describe reasons why current, separate, business incubation facilities cannot be used or are insufficient to meet the needs cited in this request:		
H. Date Needed:		
I. Are special parking arrangements desired as part of this request?    Yes    No		
<b>REQUEST AUTHORIZATION SIGNATURES:</b>		
<b>Faculty Requestor:</b>		<b>Date:</b>
<b>Dean/Director:</b>		<b>Date:</b>