



UCF

College of Community Innovation and Education

Research Administration Services Team

Grant Space and Storage Request Form

Please provide introductory information on your project

1. Project Investigator:
2. Department:
3. Phone Number:
4. Email Address:
5. Grant Project Title:
6. Project #:
7. Grant Start/End Date:
8. Please describe your grant's record retention policy:

If you are requesting work station(s), please check one of the boxes below and indicate the number of work station(s) needed.

- I am requesting grant work stations for the first time. I am requesting ____ work stations.
- I currently have ____ grant work stations. I am requesting an additional ____ spaces.

Information of persons who will need to work at the grant stations?

- a) Name: _____ Position: _____ Email: _____
- b) Name: _____ Position: _____ Email: _____
- c) Name: _____ Position: _____ Email: _____

If you are requesting storage space, please check one of the boxes below.

- I am requesting storage space for the first time.
- I currently have ____ storage spaces.

Please indicate the type of storage space and number of cabinets you are requesting.

- ____ # of 1 drawer file cabinets
- ____ # of 3 drawer file cabinets
- ____ # of 5 drawer file cabinets
- ____ # of 2 door tall cabinets

Additional comments or requests: