POLICY STATEMENT
The research space policy provides guidelines and criteria for the utilization and allocation of research space, both "wet" and "dry" research space, for faculty at Augusta University. These guidelines will be employed by the Senior Vice President (SVP) for Research, Departmental Chairs, Center & Institute Directors, College Deans, and by the Research Space Subcommittee.

AFFECTED STAKEHOLDERS
Indicate all entities and persons within the Enterprise that are affected by this policy:
☐ Alumni ☒ Faculty ☐ Graduate Students ☐ Health Professional Students
☒ Staff ☐ Undergraduate Students ☐ Vendors/Contractors ☐ Visitors
☐ Other: Include any other stakeholders not listed above.

DEFINITIONS
"Wet lab" space refers to those areas normally equipped with sinks, benches, and fume hoods and/or biosafety cabinets frequently used for the preparation and processing of biological materials and/or chemical agents.

"Dry lab" space refers to those areas housing computer equipment or other electronic instruments that do not require specialized pipe utilities.

"Research Space" as used in this policy, refers collectively to wet lab and/or dry lab that is assigned to university faculty members to support their research activities.

"Research Density" refers to Direct and Indirect $$/Sq.Ft. = Total $$/Sq.Ft.
(Note: For Commercially funded clinical trials total dollars will reflect actual dollars received.)

PROCESS & PROCEDURES
Process for Space Allocation and Reassignment
Assignments of research space to departments, centers, and institutes are made by the Senior Vice President for Research. Research space assignments are not permanent, and may be re-assigned following review by the SVP for Research. Administrative units (e.g., Colleges, Departments) may manage research space according to their needs, as long as space assignment meets the metrics and guidelines below; however ultimately space is managed in the best interest of the University. That is, multiple investigators may share a single lab space in order to meet the $$/Sq.Ft. standards. Extramurally sponsored research dollars per square foot of research and research-related space (Research Density), will be used as the primary metric for evaluating research space utilization, assignment, and reassignment. Other revenue, expended dollars, and other space related information will also be considered. Efforts will be made to assign space to investigators consistent with their organizational (e.g., departmental, institute, etc.) and thematic (e.g., cancer, neuroscience, etc.) affiliation, in order to encourage synergy and collaboration among research faculty.

Guidelines and Expectations for Extramural Funding Supporting Research Space

Office of Compliance and Enterprise Risk Management Use Only
Policy No.: 907
Policy Sponsor: Senior Vice President of Research
Originally Issued: Not Set
Last Revision: 03/29/2016
Last Review: 03/23/2016
It is expected that all extramural support for research space will include appropriate indirect cost recovery (F&A). Target expectation for extramural support per square foot is calculated yearly and is inclusive of direct and indirect costs, for new and recently renovated lab space. The total extramural research support of the investigator’s laboratory will be assessed in relation to other laboratories with similar space allocations at THE UNIVERSITY and at other leading US biomedical research institutions. Extra emphasis will be placed on NIH funds. A target Research Density of $400 total cost and $117 indirect cost recovery per net usable square foot will be used. This target may change over time.

Data on square footage are provided by the Research Space Audit generated by Facilities Management; data on extramural funding are provided by the Office of Sponsored Programs Administration. Investigators for whom the calculated research dollars per square foot fall to 30% or more below the dollars per square foot standards will be allowed 12 months to obtain additional research support. If additional support has not been obtained after 12 months, then the SVP for Research will consider space reassignment. Investigators for whom the calculated research dollars per square foot has grown to more than 30% above the dollars per square foot can petition their Chair and Dean to receive additional laboratory space. If the petition is approved by the Chair and Dean, then the request will move to Senior Vice President for Research.

Process for Requests, Review, and Appeals
Requests for research space needed for new recruits will normally be submitted by Department Chairs or Center/Institute Directors as part of the startup package pro forma and reviewed by the appropriate College Dean in consultation with the SVP for Research. If these requests require renovation or reassignment of existing space then they will require further review by the Research Space Subcommittee. Such requests should be prepared using the standard University facilities space request form. Department Chairs and Center/Institute Directors may submit a written appeal to their College Dean if they would like to appeal any space allocation, assignment, or reassignment. If the Dean accepts the appeal then the final arbiter will be the Senior Vice President for Research. Faculty members who feel the space allocated to them is not consistent with the guidelines provided in this document may submit a request directly to their Dean. If the Dean supports this request it will then move to the Senior Vice President for a final decision. Notwithstanding the above, assignment of Research Space will be made with recognition of available research space at the University.

REFERENCES & SUPPORTING DOCUMENTS
Research Space Request Form (Please see below)

RELATED POLICIES
University Space Request
Health System Space Request

APPROVED BY:
Brooks A. Keel, Ph.D.
President, Augusta University and CEO, Augusta University Health System

Date: 03/23/2016
Research Space Request Form

GENERAL INFORMATION:

Investigator/Requestor: __________________________ Phone: ______________ Email: __________________________
Department/Center/College: __________________________
Administrator: __________________________ Phone: ______________ Email: __________________________
Chairman: __________________________ Phone: ______________ Email: __________________________

TYPE OF SPACE NEEDED & SQUARE FOOTAGE REQUIRED:

<table>
<thead>
<tr>
<th>Space Needed</th>
<th>Square Footage</th>
<th>Number of People</th>
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</thead>
<tbody>
<tr>
<td>Wet Lab</td>
<td></td>
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<tr>
<td>Dry Lab</td>
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<tr>
<td>Office Space</td>
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<tr>
<td>Other (Specify)</td>
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Reason for Space Request: New [ ] Replacement/Expansion [ ] Recruitment [ ]

Impact on Research Density:
(Research Density = Total Direct & Indirect Costs Awarded $$/Sq. Ft. Density shall meet or exceed the density outlined in the Utilization and Allocation of Research Space Policy)

Current Research Density: __________________________ Proposed Research Density: __________________________

FUNDING SOURCE:

Funding source to be charged for renovations of assigned space:
CFC: __________________________
Cost not to Exceed: $ __________________________

Funding source to be charged for relocation of current occupants of assigned space:
CFC: __________________________
Cost not to Exceed: $ __________________________

REVENUE TO SUPPORT SPACE (If necessary, please attach additional documents)

Grants & Contracts Information

<table>
<thead>
<tr>
<th>Grant #</th>
<th>Type</th>
<th>Project Start Date</th>
<th>Project End Date</th>
<th>Title</th>
<th>Direct Costs</th>
<th>F&amp;A Costs</th>
<th>Total Award</th>
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</table>

Other Revenue

<table>
<thead>
<tr>
<th>Title</th>
<th>Departmental</th>
<th>Philanthropy</th>
<th>Other: (Specify)</th>
</tr>
</thead>
</table>
Research Space Request Form

PART 1: CURRENT SPACE OCCUPIED (Skip if new recruit or no current space)

Section A: Location of Current Space

Campus:  
- [ ] Hospital Space
- [ ] Health Sciences Campus
- [ ] Summerville Campus
- [ ] Forest Hills Campus

Building Name/Address: ____________________________
Room #: ____________________________ Square Footage: ____________________________

Section B: Proposed Plans for Space

Are there plans to move out of your current space?  
- [ ] Yes
- [ ] No
- [ ] N/A

If yes, location of space: ____________________________
(Campus/Building/Room Number)

Description of plans for new space:

If there any special needs regarding power, alarms, ventilation, security, etc., please list below:

__________________________  ____________________________  ____________________________

PART 2: PROPOSED NEW LOCATION/SPACE REQUIREMENT

Campus:  
- [ ] Hospital Space
- [ ] Health Sciences Campus
- [ ] Summerville Campus
- [ ] Forest Hills

Building Name/Address (if known): ____________________________
Proposed Floor # (if known): ____________________________
Desired Move in Date: ____________________________

"NEW SPACE REQUEST" Only
Attachments/Notes: Please include the reason for requesting space, how it supports strategic initiatives and why you are proposing a specific building and location.

"RECRUITMENT PACKAGE" Only
Attachments/Notes: Space related information of Recruitment Packages must be attached to this space request form for processing.
Research Space Request Form

APPROVALS: Please submit with Department Chairman & Administrator’s signature and Project Sponsor’s signature.

Requestor/Faculty Member Signature: _______________________________________________________
Date: ____________________

Department Chair Signature: _____________________________________________________________
Date: ____________________

Department Administrator Signature: _____________________________________________________
Date: ____________________