**FOR ALL GRANT PROPOSALS & PROJECT SUBMISSIONS**

*(Please delete red guidelines before submitting)*

|  |  |
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| **Section A: SITE INSTALATION SUMMARY and SIGNOFF** | |
| **Project Title** | ***Project Title*** |
| **Project Type** | **Grant Proposal  Business Case**  **Equipment Purchase**  **Other** (specify): |
| **Project Sponsor** | *For grant applications, this is usually the Head of School. For Strategy Office related matters, this might be the DVC / Head of Division or their nominee / Dean of Faculty as appropriate.* |
| **Project Lead** | *Please provide name and contact details. For grant applications, this is the lead investigator.* |
| **Key Project Contact** | *Please provide name and contact details, if different from above* |
| **School / Centre / Faculty** |  |
| **Key Project / Purchase details** | *State here what project works and/or equipment purchase/installation is being proposed.* |
| **Proposed location** | *Building / floor / lab / room no.* |
| **Site preparation + Installation costs (or estimate) *– complete the checklist below*** | ***$ (do not leave blank)*** *\*If building or services infrastructure work is involved consultation with EM is required.* |
| **Lab Manager contact details (if applicable)** |  |
| **\*EM contact person consulted (if applicable)** |  |
| **\*Other contact(s) if applicable** |  |

*\*Refer to end of document for sources of advice and assistance*

*For Grant submissions, you may not be able to finalise the installation details and budget before the UNSW internal review deadline. However, you should identify the installation site or site options and prepare a preliminary cost estimate with EM assistance if building or services infrastructure involved. The strategic and compliance review process will include follow-up and assistance where needed in resolving space/ installation/ costing issues. In case of* ***external grant applications****, full sign-off will be required before external submission.*

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| **Project Lead and Sponsor Signoff Required for all Projects** | | |
| **Project Lead**  I confirm that the proposed site is suitable for the proposed project equipment or use and that the required building and services infrastructure works have been identified and budgeted | | |
|  |  |  |
| Name | Signature | Date |
|  |  |  |
| **Sponsor – Dean of Faculty, DVC or Head of Division or their nominee, or Head of School**  *(select as appropriate)*  I confirm that the **space proposed is available** for this project and that the **costs of installation** have been budgeted. | | |
|  |  |  |
| Name | Signature | Date |
|  |  |  |
| Required where any question in **Section B** is marked as **‘Yes’, OR** any service category in **Section C** is marked as ‘**Y**’ (REQURED) & ‘**N**’ (UNAVAILABLE). | | |
| **Estate Management – Precinct Facilities Manager**  I confirm that the proposed site is **suitable for the proposed project** equipment or use and that the **required building and services infrastructure works** have been identified. | | |
|  |  |  |
| Name | Signature | Date |
|  |  |  |
| **Divisional Use** | | |
| **Sponsor - Director, Facilities Management**  I confirm that the proposed site is suitable for the proposed project equipment or use and that the required building and services infrastructure works have been identified. | | |
|  |  |  |
| Name | Signature | Date |
| **Sponsor - Director, Asset Management / Senior Manager, Space Management (where required)**  *(select as appropriate)*  I confirm that the proposed site is suitable for the proposed project equipment or use and that the required building and services infrastructure works have been identified. | | |
|  |  |  |
| Name | Signature | Date |

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| **SECTION B: SPACE, BUDGET, AND COMPLIANCE** | | |
| **Project Title:** | ***Project Title*** | |
| Proposed location: | *Building / floor / lab / room no.* | |
| Is location approved by the School/ Faculty? | **Yes**  **No** | *Note that requests for new space require University-level approval – please seek advice* |
| Is operational budget required **AND** approved by the School/ Faculty? | **Yes**  **No** | *Briefly explain here and ensure operational cost implications are addressed in proposal* |
| Is the space fit-out budget approved or is it dependent on a future allocation (e.g. Capex SIB or equivalent)? | **Yes**  **No** | *Briefly explain here how costs will be covered – include more detail in your proposal* |
| Specialist laboratory or site required for this infrastructure – specify type | **Yes**  **No** | *e.g. PC2 lab, clean room, laser lab, magnet lab, field station* |
| Will this infrastructure be subject to approval by any research or safety compliance? | **Yes**  **No**  *If unsure,* [*contact RECS*](https://research.unsw.edu.au/contact-us) *for advice* | *If* ***YES****, select all that apply;*  *Radiation Safety*  *Human Research Ethics*  *Animal Research Ethics*  *Gene Technology, Biosecurity or Quarantine*  *Drone Operations*  *Poisons & Therapeutic Substances*  *Other compliance (****specify****):* |

**Continue to Section C Next Page**

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| **SECTION C: SPECIFIC SITE AND SERVICE REQUIREMENTS**  *Not all sections below may apply; delete red guidelines before submitting.* ***We strongly recommend*** *consulting your EM BP if at all unsure of any requirement. Contact list on last page* | | | | | |
| Has a site installation guide has been obtained from equipment suppliers? | | **Yes**  **No  Not Applicable**  *If yes, please attach a copy* | | | |
| Services review carried out by: | | *Names of EM contacts / Lab / Operations Manager / other* | | | |
| **Service/ space/ lab required for installation or accommodation** | | | | | |
| **Service Category** | **Service** | | **Service needed Y / N** | **Service available at site Y / N** | **Comments** |
| Security requirements | Card reader access control | |  |  |  |
| Security cameras – note reason | |  |  |  |
| Back to base alarm, other security or access control | |  |  |  |
| Power requirements | 3 phase power | |  |  | *Please note how many* |
| 15 amp power | |  |  | *Please note how many* |
| Additional power capacity/ circuits | |  |  | *Please note how many* |
| Other special power (specify) | |  |  |  |
| Back-up generator power | |  |  | *Detail reason this is required* |
| UPS or power conditioning | |  |  |  |
| IT requirements | IT cabling/ new ports | |  |  | *Please note how many* |
| High speed connectivity requirement | |  |  |  |
| Data storage required | |  |  |  |
| Equipment integration required | |  |  |  |
| Data security requirements | |  |  |  |
| Other IT infrastructure (specify) | |  |  |  |
| Heating/ Cooling | Equipment cooling water | |  |  |  |
| Chiller/ heat exchanger | |  |  |  |
| Close control of air conditioning (temp/ humidity/ pressure) | |  |  |  |
| Air conditioning to deal with increased changed heat load | |  |  |  |
| Cryogen supply | |  |  |  |
| Specialty gases, note type/s | Helium recovery | |  |  |  |
| Gas reticulation/ specialist gases including Liquid nitrogen with or without phase separator | |  |  | *Note if high purity is required* |
| Gas dryers or other conditioning | |  |  |  |
| List of gasses | |  |  | *Please specify* |
| Environmental control | Ventilation extraction/ other specialist exhaust system | |  |  |  |
| O2 depletion alarm | |  |  |  |
| Other gas alarms | |  |  | *Please specify* |
| HEPA filtered air / other clean-room | |  |  |  |
| PC2/ Clean room/ Biosafety/ Quarantine or related | |  |  |  |
| Fume cupboard | |  |  |  |
| Safety interlocks (e.g. laser lab) | |  |  |  |
| Acoustic treatment needed | |  |  |  |
| Hazardous waste | |  |  | *Please specify* |
| Specialist Fire Services Requirements | Gas Suppression or  VESDA (Very Early Smoke Detection Apparatus) | |  |  |  |
| Floor infrastructure | Heavy equipment – advise total weight & issues | |  |  |  |
| Anti-vibration requirements or table / other large infrastructure | |  |  |  |
| General | Other specialist water supply | |  |  | *Please specify* |
| Sink and/or handwash | |  |  |  |
| Safety shower and/or eyewash | |  |  |  |
| Compressed air | |  |  |  |
| Other | Specify other WHS measures | |  |  | *Please specify* |
| Life Safety System for hazardous substances | |  |  | *Please specify* |
| Additional fire hazards | |  |  |  |
| Other special services? | |  |  |  |

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| **SECTION D: SITE COMPATABILITY ISSUES AND DELIVERY CHECKLIST** | | | | | |
| **Site requirement / issue** | | | **Service needed Y / N** | **Service available at site Y / N** | **Comments** |
| Equipment causes vibration, or electrical or magnetic interference | | |  |  |  |
| Equipment is vibration sensitive, or sensitive to electromagnetic interference | | |  |  |  |
| Space accreditation required: PC Lab/Clean Room/Animal Facility/Laser Facility | | |  |  | *Please provide details* |
| Specialist finishes | | |  |  |  |
| Other – specify | | |  |  | *Please provide details* |
| **Specialist delivery costs & services not included in purchase contract** | | | | | |
| **Delivery and access** | | | **Service needed Y / N** | **Service available at site Y / N** | **Comments** |
| Crane, specialist removals/delivery contractor, scaffolding, special access, other | | |  |  |  |
|  |  |  | |  |  |
| Decant/ temporary relocation required to enable refurbishment or installation to proceed | | | **Yes  No** *(If yes, confirm requirements and if temporary space allocated to enable this to occur)* | | |
| Delivery access has been confirmed | | | **Yes  No** (*Door widths, corridor route, goods lift, forklift access, loading dock access is compatible with equipment dimensions)* | | |
| Lift No. (if part of the delivery process) | | |  | | |
| Services works /additions costed by | | | *Attach costings or estimates* | | |
| Any other comments | | |  | | |
| Delivery estimate | | | ***$*** *(do not leave blank)* | | |

Bottom of Form

***Note****:*

*If your project involves a straightforward upgrade (e.g. a new laser on existing equipment), you may feel that the checklist is not necessary. However, even in cases of apparently simple purchases or upgrades, it may be that for example, power, IT, or health and safety requirements have changed since the last time similar equipment was purchased. We therefore ask you to check the latest requirements and complete this form.*

**Contacts for Advice and Assistance**

**School / Faculty advice**

Where significant re-allocation or re-configuration of existing space, or Faculty-level financial and/or strategic support for refurbishment is required for a major project, please consult your Head of School/Centre and the General Manager or Infrastructure Manager for your Faculty.

Where new space allocation is involved, you will *also* require University-level approval.

**Office of the Pro Vice-Chancellor (Research Infrastructure)**

Grainne Moran (PVC Research Infrastructure); Luc Betbeder-Matibet (Research Computing); Alper Yasar (Senior Project Officer)  
Phone: 02 9065 6189  
Email: [pvcresin@unsw.edu.au](mailto:pvcresin@unsw.edu.au)

**Strategic Procurement**

* **Research and major equipment:**   
  FIN Procurement Shared

Email: [procurement@unsw.edu.au](mailto:procurement@unsw.edu.au)

* **For general finance enquiries, please contact the Finance help desk:**   
  <https://www.fin.unsw.edu.au/contact-help>

**RECS – Research Ethics and Compliance**

See <https://research.unsw.edu.au/recs> for contacts for advice on specific areas of compliance.

**Estate Management**

* + **For Faculty or Division General Guidance,** contact your Business Partner, Estate Management

[embusinesspartners@unsw.edu.au](mailto:embusinesspartners@unsw.edu.au)

* + For local building services advice, contact your Precinct/Building Facilities Manager, Estate Management
  + **Asset Management (Space Management)**

Email: [spacemanagement@unsw.edu.au](mailto:spacemanagement@unsw.edu.au)

* + **Building services infrastructure**Greg Kaplan (Director – Facilities Management, Estate Management)  
    Email: [greg.kaplan@unsw.edu.au](mailto:greg.kaplan@unsw.edu.au)
  + **Estate Improvement and Major Projects**  
    TBC (Director – Property Management, Estate Management)  
    Email: TBC

**Workplace Health and Safety**

Contact your Faculty’s Health Safety Environment Coordinator in the first instance, <https://safety.unsw.edu.au/contacts>