

CFI Innovation Fund 2025 Research Infrastructure and Space Needs Assessment Form

This form is to be completed in consultation with the Faculty and the CFI team (cfi@sfu.ca) at SFU, for all SFU internal 2025 Innovation Fund applications. Please submit signed forms to cfi@sfu.ca by Mar 15, 2024.

SFU Team Leader(s): Main Contact Information: Faculty(ies):

Department(s)/School(s):

Working title of project:

1. Space Details:

Has the space(s) to house the proposed infrastructure been identified?

Yes No

If yes, indicate total square metres of space:

If yes, please indicate:

Is this space(s) already allocated to the Faculty (non-departmentalized), School, or Department?

Yes No Building name(s): Room number(s):

Who is currently occupying this space?

Type of space needed (check all that apply):

Wet lab

Dry lab

Clean room(s)

Radiochemical

Other (please specify):

2. Space Requirements (check all that apply, provide additional details in text box below):

Access control / security measures

Heavy equipment / weight load on floors

Sound proofing

Vibration concerns of equipment

Special lighting requirements

Special ventilation/temperature/humidity/filtration/cooling requirements

Special power requirements / backup power

Special height requirements / high ceiling

High Performance Computing (not standard desktops and laptops)

Integrated into existing Digital Research Alliance facility (i.e., Cedar at SFU)

Housed in separate location

Shielding

Fume hood requirements (# and size)

Biological safety cabinets (# and type)

Biosafety requirements (level of hazard, confined to cabinet or required in entire room)

Chemical storage requirements



	requirements to use equipment / perform research activities (check all that apply, provide
	al details in text box below):
	tural gas
La	b gases - H, He, N, O ₂
Co	mpressed air
Va	cuum lines
Plu	mbing / potable water
	ctrical
Ele	
	her (specify):
	her (specify):
Ot	her (specify): vide elaboration of service requirements (listed above or otherwise) in the space below:
Ot	



Name, Position, Faculty

Date

Signature

4. Space <u>Usage</u> Consi Shared or dec			what is applicable from the lis	st below ir	n text box below)
	-		ool/Faculty shared facility, or p	part of an	existing / new core
Number of re General layo	ut or design configurable oment to be a siderations derations iderations	considerations space / movabl housed	nd external) / HQP proposed t le furniture	o use the	space
For space usage cons	iderations (listed above or o	otherwise), please provide de	tails:	
-	eing reques	ted. Signatures	any SFU Department/School below acknowledge awarene		
Chair/Director					
Name, Position, Dept/School	Date	Signature	Name, Position, Dept/School	Date	Signature
Name, Position, Dept/School	Date	Signature	Name, Position, Dept/School	Date	Signature
Faculty Dean					
Name, Position, Faculty	Date	Signature	Name, Position, Faculty	Date	Signature

Name, Position, Faculty

Date

Signature



Faculty Comments and/or Acknowledgement (required):						
Facilities Se	rvices Comments (after	review and consultation):			
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