



TEXAS TECH UNIVERSITY

Operations Division Planning  
& Administration

## Program of Requirements (Summary)

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**Organization Name:**

**Completed By:**

**Date:**

**Phone:**

**Email:**

**Occupants (Full Time):**

**Occupants (Part Time):**

**Please attach an organization chart for your unit.**

### *Organization Information*

**Please describe the functions and responsibilities of your organization and the major services provided.**

**Who does this organization primarily serve? (Select ALL that apply)**

- Students
- Faculty
- Staff
- Research
- Community
- Other

**If other, please describe:**



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**Based on a standard work day and whom your organization serves, how many visitors do you currently accommodate?**

Average number of visitors \_\_\_\_\_

Maximum number of visitors \_\_\_\_\_

**Based on any program growth, how many visitors do you anticipate needing to accommodate?**

Average number of visitors \_\_\_\_\_

Maximum number of visitors \_\_\_\_\_

**Please describe your organization's strategic alignment to the University's Mission and Vision.**

**Please describe any required adjacencies to other facilities, resources, or organizations that may help the functions/services of your organization.**

**Please describe your long-term program growth by providing the following:**

Projected FTE in 6 months to 1 year \_\_\_\_\_

Projected FTE in 1-3 years \_\_\_\_\_



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Which privacy standards are required of your department's functions?

### *Conference Room Needs*

Based on a standard 40 Hour work week what percentage of the time do you need access to a conference room?

\_\_0-25%      \_\_26%-50%      \_\_51%-75%      \_\_76%-100%  
(10 Hours per Week)   (20 Hours per Week)   (30 Hours per Week)   (40 Hours per Week)

What is the average number of meeting attendees and maximum number of meeting attendees?

Average Number Attendees \_\_\_\_\_

Maximum Number Attendees \_\_\_\_\_

### *Specific Support Areas*

Please describe any space or environmental limitations that may inhibit the function of your organization.



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Please list any fixed or movable equipment that will need to be included into space allocations or relocations logistics.

In this section please include information regarding storage needs, coffee/break areas, copier/printer/workroom areas, reception space, etc.

### *Specific Requests*

What additional requirements may your organization need? (Select ALL that apply)

- Non-Standard utility requirements for equipment (electrical, plumbing, etc.)
- Specific types or finish for floors
- Specific types or finishes for walls
- Specific types or finishes for Ceilings including height
- Specific types or finishes for Doors
- Specific types or finishes for Windows
- Specific operating hours
- Unusual environment tolerances for humidity and temperature
- Specific visual or sonic environment needs or tolerances
- Specific security requirements:

If any category is selected above, please describe the conditions for which there is a specific preference.



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**Additional Comments/Information**

**Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head/Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_