GREENHOUSE BENCH SPACE REQUEST

TEACHING FORM

Faculty name: ___________________________ Work phone #: ___________________________

Teaching Assistant or staff: ___________________________ E-mail: ___________________________

Department: ___________________________ Emergency Notification Contact (and phone #):

Course Name: ___________________________ ___________________________

Departmental Chart String: ___________________________

Approximate Space Requirements (sq. feet/month):
(typical Main Campus ½ bench is 55 ft², HRC bench is 40 ft², and BRC benches vary with greenhouse).

<table>
<thead>
<tr>
<th>Month</th>
<th>square feet</th>
<th>January 201</th>
<th>May 201</th>
<th>September 201</th>
<th>February 201</th>
<th>June 201</th>
<th>October 201</th>
<th>March 201</th>
<th>July 201</th>
<th>November 201</th>
<th>April 201</th>
<th>August 201</th>
<th>December 201</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIN CAMPUS</td>
<td>(bench space charge is $5.80/ft²/month)</td>
<td>$5,040</td>
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<tr>
<td>HRC (Hort. Research Complex)</td>
<td>(East House bench space charge is $3.95/ft²/month)</td>
<td>$3,950</td>
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<tr>
<td>BRC (BioResearch Complex)</td>
<td>(bench space charge is $4.70/ft²/month)</td>
<td>$4,700</td>
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Desired Location: (please check desired facility location; use one form per facility location if requesting multiple sites)

□ MAIN CAMPUS
(bench space charge is $5.80/ft²/month)($2.90 for nursery area)

□ HRC (Hort. Research Complex)
(East House bench space charge is $3.95/ft²/month)($1.98 for nursery pad area)

□ BRC (BioResearch Complex)
(bench space charge is $4.70/ft²/month)($2.35 for outside area)

CALS Departmental cost share for teaching bench space will be 11% of above charges; all other Dept’s will be charged 100%

House #(’s) and/or bench(es) ___________________________

Does project generate biohazardous plant material? yes or no (please circle one)

Are there potential environmental risks associated with this project? yes or no (please circle one)

if yes to either above question, please contact Greenhouse Director for additional forms.

Special Requirements:

1. Temperature range preferred: day ____________, night: ____________

2. Is day length critical? yes or no (please circle one)

3. Will you require HID supplemental lighting? yes or no (please circle one),

   if yes, what is the day/night ratio? ____________/__________

4. Fertilizer needed (Main Campus Facility’s standard fertilizer is 17-4-17 at 150 ppm nitrogen):

   yes or no (please circle one)

5. Other Requirements (recognized pests or diseases or other helpful hints):

__________________________________________________________________________________________

Please Note:

1. All plant material must be labeled with faculty name and course ID.

2. All plants will receive regular applications of water, fertilizer, and pesticides unless you specify otherwise.

Signature of Department Chair: ___________________________ Date: ___________________