

PROJECT REQUEST FORM

PROJECT #:

PROJECT NAME:

Page 1 of 3-Completed by Department/Requestor and submitted to the Office of Facilities Management and Planning

SECTION 1 Information

Requesting Department

Contact Person

Address

Telephone

SECTION 2 Location of Project

Building Name

Room Number

Occupant

Type of Work: *Mark the categories which apply*

Move/Relocation

Renovation/Reconfiguration

Major Repair

Mechanical/Electrical/Plumbing

Sitework/Grounds

New Equipment Installation

Other

Description of Project

Include background information, nature of problem, specific requirements. Please be very specific .

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Justification or Reason for the Request

Include relationship of request to carrying out departmental duties/responsibilities

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SECTION 3

Signature of Departmental Chair, Departmental Dean or Departmental Director

Required for submission to Facilities Management and Planning

Date:

Signature:

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SECTION 4

Planning Review

To include scope, priority, type of work, relationship to other campus projects, relationship to master plan

Assessment of Need:

Cost Estimate:

Comments and impact to physical facilities/infrastructure/utilities/grounds:

Recommended Implementation: Circle appropriate categories

<i>In House</i>
<i>Work Order</i>
<i>Special Project</i>

<i>Outside</i>
<i>Study Consultant</i>
<i>Design Consultant</i>
<i>Specialty Contractor</i>
<i>Construction/Trade Contractor</i>

SECTION 5

Preliminary Schedule

Include critical lead times

Days to Complete/Notes

<i>Study</i>	
<i>Design</i>	
<i>Procurement</i>	
<i>Construction</i>	

SECTION 6

Signature of Director of Physical Plant

Date:

SECTION 7

Signature of Departmental Vice-President and Funding Source if available

Date:

Signature:

Account #

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SECTION 8 Facilities Management and Planning-Recommendation and Priority

Recommendation:

Project Priority: Mark the category which applies

<i>Life Safety Repair</i>	<input type="checkbox"/>
<i>Critical Repair</i>	<input type="checkbox"/>
<i>ADA Improvement</i>	<input type="checkbox"/>
<i>Compromises Delivery of Services</i>	<input type="checkbox"/>
<i>Deferred Maintenance</i>	<input type="checkbox"/>

SECTION 9 Assistant Vice President of Facilities Management & Planning Approval

Date:

Signature:

SECTION 10 Administration and Finance

<i>Project Approved For:</i>	<i>Funding Source</i>		
	<i>DCAM</i>	<i>BSC</i>	<i>OTHER</i>
<i>Study/Needs Analysis</i>			
<i>Design Development</i>			
<i>Construction</i>			
<i>Procurement</i>			
<i>Other</i>			
<i>Funding Source and Account Assignment</i>			
<i>Confirmed Source of Funding Approved Amount</i>	<i>Circle One</i>	<i>DCAM</i>	<i>BSC</i>
	<i>OTHER</i>		
<i>Account #</i>			

Funding Approval
Vice President for Administration & Finance

Date:

Signature:

Project Approved-Funding Not Available

Project Disapproved

Project Approval

SECTION 11 Distribution

- | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|
| Requesting Department | Associate Vice President/Controller | Central Receiving & Inventory Mgmt. |
| Requesting Vice President | Budget Director | Information Technology |
| Physical Plant Director | Purchasing Director | |
| Environmental Health & Safety Officer | Administration & Finance | |