Project Request Form

Part I: Requested Work (To be submitted to Facilities Management c/o Customer Service Center)

Requester / Point of Contact: Date: _____________________
   Name:                     Signature: _____________________
   Title:                   Phone Number:

Location of Work (building, room, area):

Detailed Description of Work Requested:  (Please provide a detailed description of the work needed; attach a sketch as necessary to make the requirement clear.)

Justification:  (Please provide a brief justification of need for the work requested. Include factors regarding the urgency of need which affect the priority that should be applied to the work.)

Approval of Request by Academic Department Chair:
   Name:                     Signature: _____________________
   Title:                   Phone Number:

Approval of Request by Academic Dean or Administrative Department Director:
   Name:                     Signature: _____________________
   Title:                   Phone Number:
Project Request Form (continued)

Part II - Cost Estimate and Approvals:

Facilities Management Project Estimate (for budgeting purposes only):

Is the project technically and legally feasible?  Yes: ___  No: ___
Meeting Requested to Clarify Scope of Work?  Yes: ___  No: ___

Cost Estimate:

In House / Local Contract __________  Construction Contract __________
Design Costs: __________  Design Costs: __________
Labor Hours: __________  Construction Admin: __________
Material/Contr. Costs: __________  Construction: __________
Contingency: __________  Contingency: __________
Total Cost: __________  Total Costs: __________
Estimated Construction Time: __________
Recommendation to move project forward?  Yes: ___  No: ___

Director of Facilities Management: ___________________  Date: _____________

Review / Approval of Project Scope by Academic Department Chair:

Name: ____________________  Signature: _____________________ Date: ____________
Title: ____________________

Are funds available for the project from the organizational Dean or Vice President?
Yes ___  No ___;  If yes, cost code: ___________________

Approval by Academic Dean or Administrative Department Director:

Name: ____________________  Signature: _____________________ Date: ____________
Title: ____________________

Approval by organizational Vice President:

Name: ____________________  Signature: _____________________ Date: ____________
Title: ____________________

Approved and Funded by the President’s Council or VP of Finance and Administration:

Funds Source: ____________________________

Confirmation of Approval:  Signature: ____________________________ Date: ______________
VP, Finance & Administration

Part III - Return to Facilities Management for processing

Facilities Management Project Information:

Project Number Assigned: _____________; Cost Code Assigned: _______________________
Estimated Project Schedule:

Design Start: __________  Design Complete: __________
Construction Start: __________  Construction Complete: __________