Project Request Form

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

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

Location of Work (building, room, **and** 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:
    Title: Signature: _____
    Phone Number:

Approval of Request by Academic Dean or Administrative Department Director:

    Name:
    Title: Signature: _____
    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: _____
Title: _____   Signature: _____Date: _____

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: _____
Title: _____   Signature: _____Date: _____

Approval by organizational Vice President:

Name: _____
Title: _____   Signature: _____Date: _____

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: _____