

# 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:

Phone Number:

Signature: \_\_\_\_\_

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:

Title:

Phone Number:

Signature: \_\_\_\_\_

Approval of Request by Academic Dean or Administrative Department Director:

Name:

Title:

Phone Number:

Signature: \_\_\_\_\_

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: _____