FM&D-1 PROJECT REQUEST FORM

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER FACILITIES MANAGEMENT & DEVELOPMENT	For construction, renovations and equipment installations This does not include maintenance or repairs for which the white FM&D Work Order Form should be filled out and forwarded to FM&D in the Basement, Box B-6 or Faxed to 2803

1.   PROJECT TITLE (Including Building Name)_____

2.   Department: _____   Building: _____
            Room: _____   Floor: _____
            Contact: _____   Extension: _____   Room: _____

3.   3.1 Scope of Work requested in detail: _____
              (If necessary attach additional sheet)

          3.2   Code Requirement: _____
          3.3   CON Requirement: _____
          3.4   Reason for Request: _____
          3.5   Contingency Factors: Is the initiation of this project contingent upon some other project?
          Yes: _____   No: _____   If Yes, Explain: _____
          _____

          3.6   RELATED PROJECTS
           a)   Are other projects anticipated in this area in the next five years or being programmed, designed or constructed now?
              Yes: _____   No: _____   If Yes, Explain: _____
              _____

           b)   Will other projects be required as a direct result of initiating or completing this project?
              Yes: _____   No: _____   If Yes, Explain: _____
              _____

           c)   Will projects create scheduling, relocation swing space or coordination problems?
              Yes: _____   No: _____   If Yes, Explain:

4.   This project is chargeable to the following Fund No. _____

5.   For Construction Projects, furniture or equipment required but not included in above work:
          _____

6.   Routing of request:
          6.1 Prepared by: _____ Phone Extension: _____   Date: _____
          6.2 Department Head (Approval): _____   Date: _____
          6.3 Chairman/V.P. (Approval): _____   Date: _____
          6.4 FM&D Department: _____   Date:_____

PREPARED BY: OFFICE OF FACILITIES MANAGEMENT & DEVELOPMENT