Project Request Form – Athletics and Recreation

This form is to be used to request planning, design and construction services for projects defined primarily as non-capital (total project cost less than $2 million dollars) related to Athletics and Recreation. This form ***must*** be submitted by the ***department administrator*** (Chairperson, Director, etc.). For academic/ research projects, the Unit Dean/Director and Provost must sign the form before it is sent to Facilities. For administrative support or auxiliary projects, the Division Director and appropriate Assistant/Associate Vice President must sign the form before it is sent to Facilities. The Non-Capital Renovation Review Committee will review requests for final approval if initial approvals are granted, and will notify the requestor of the committee's recommendation.

For Projects Involving Interior Spaces: Existing space allocated to a department must be utilized as effectively as possible to support growth needs. Physical changes must increase efficiency and effectiveness/functionality of existing spaces; consideration will not be given to requests that significantly reduce the efficiency of space. If a new space assignment is required to accomplish the renovation, approval for that new space assignment must be obtained from the University's Space Administration Committee (SAC) prior to submission of a Project Request Form. Space Request Forms can be found at the following web address: http://facilities.gmu.edu/space/SpaceForms.htm.

For Projects Involving Exterior Spaces: Requests for long term use of exterior space requires approval by the University's Land and Building Committee, and may require further approval by the Space Administration Committee (where applicable). Requests can be submitted to the Director of Campus Planning (cwolfe4@gmu.edu) for review, and will be added to the following Land and Building Committee's monthly meeting agenda for review/approval. A Non-Capital Project Request Form will not be executed until LBC has approved the use of exterior space outline in the Non-Capital project request.

Section I - Requestor Information

Name (Primary Point of Contact): _____

Dept./Unit: _____ **Phone #:** _____

Email: _____ **Date of Request:** _____

Section II - Location of Work

Campus: ☐ **Fairfax** ☐ **Prince William** ☐ **Arlington** ☐ **Other** _____

Interior Work (if applicable):

Building Name: _____ Floor #: _____

Room #/s (list all rooms effected): _____

Is all space currently assigned to your Department or Unit? **Y**☐ **N**☐ Circle One – If not please complete space request process prior to execution of this form – Space Request forms found here: http://facilities.gmu.edu/space/SpaceForms.htm

Exterior Work (if applicable):

Please describe the location of this work as clearly as possible including details such as nearest building or street intersection, north, south, east or west of existing landmarks etc.:

_____

_____

_____

Is all exterior space currently assigned to your Department or Unit? **Y**☐ **N**☐ Circle One – If not please complete space request process prior to execution of this form – Space Request forms found here: http://facilities.gmu.edu/space/SpaceForms.htm

Section III - Description of Work - Narrative Description of Work being requested:

_____

_____

_____

_____

_____

Please attach any sketches, special requirements or information that would be useful in describing the work requested.

Please check all applicable boxes below as this information helps to determine extent of work required:

☐ Project requires removal/relocation of trees/forested areas
☐ Project requires specialty contracting/design (fields, lights, graphics, etc.)
☐ Project involves work in occupied space
☐ Changes to walls, doors, circulation is anticipated
☐ Change of Use of space is anticipated – e.g. changing an existing storage room to an office space
☐ Project requires **reconfiguration** and/or **new purchase** of furniture (please circle one)
☐ Project requires technology changes or additions, e.g. new or relocated data outlets or new AV installed in a space
☐ Project requires new or modified electronic access control (doors), or new/modified door hardware
☐ Project has a potential impact on the environment, e.g. chemicals used in the space requiring special ventilation or drains, major earthmoving, effects on storm-water, etc.
☐ Project has special requirements related to risk management or environmental health and safety
☐ Project requires relocation or move services

Section IV - Project Justification

Please provide a brief narrative justification of need for this project renovation/improvement:

_____

_____

_____

_____

_____

Please categorize your request as consistent with the priorities set forth by the University:
☐ Strategic Goals ☐ Centers of Excellence ☐ Cross Unit Programming/Collaboration
☐ Regional Campus ☐ Enrollment Growth ☐ Sponsored Research Growth
☐ Development or Private Funding ☐ Infrastructure – including Emergency, ADA Improvement, EHS Violation ☐ Other: _____

Have you considered alternatives to this renovation project? If so please briefly explain:

_____

_____

Please indicate negative impact if project request is not approved or completed in the timeline outlined in this request:

_____

_____

_____

Section V - Schedule Requirements

Does this project have Critical Schedule Requirements? **Y** ☐ **N** ☐ Circle One - if Yes, explain:

_____

_____

Do you have a desired timeline for completion?:
☐ Summer Break 20_____ ☐ Fall Semester 20____
☐ Winter Break 20____ ☐ Spring Semester 20____ ☐ other please explain: _____

_____

Note: Please keep the following estimated time lines in mind when describing project schedule requirements:

- Project scope less than $100K take approximately 4-6 months to complete once approved
- Projects scope between $100K and $500K take approximately 6 to 9 months to complete once approved
- Projects scope over $500K vary widely based on specific requirements

Section VI - Funding Sources (This section must be completed)

Please indicate current funds available for this project execution: _____

Note: Please keep in mind that project costs include everything from planning for the work with an architect or engineer to the actual construction, inspection of work, furniture purchase/install, move expenses, etc. The cost of renovation work typically ranges from a low end of $50 per gross square foot for simple office spaces to upwards of $175 per gross square foot for more complicated work.

Budget Code for Project Expenses : _____
(charges will not be incurred until the project is fully authorized to proceed)

Source of Funds for this work:
☐ Grant Funds ☐ General Fund ☐ Non General Fund ☐ Self-Generated Revenue
☐ Student Fee ☐ Private Funds (Gifts or Fundraising) ☐ Other _____

Please indicate if there is sensitivity to the timing of use of these funds, carry forward etc.

_____

_____

_____

_____

_____

Section VII - Approval Process

Unit Dean/Director and Provost (for Academic Unit and Research projects):

I have reviewed this request and verify that there is sufficient justification for this renovation project. I also verify that the department/unit has sufficient budget funds available to pay for all costs associated with this requested renovation project.	_____ / Signature of Unit Dean/Director Date Print Name: _____ / Signature of Provost Date
Comments:	

Unit Director and Assistant/Associate Vice President or Vice President (for Administrative, University Life, or Auxiliary projects):

I have reviewed this request and verify that there is sufficient justification for this renovation project. I also verify that the department/unit has sufficient budget funds available to pay for all costs associated with this requested renovation project.	_____ / Signature of Unit Director Date Print Name: _____ / Signature of Asst./Assoc.VP or Vice Pres. Date
Comments:	

Note: Only requests with appropriate approval signatures will be considered for review and execution.

Submit Completed Form to: Erik C. Backus, P.E, LEED AP (ebackus@gmu.edu)

For Non-Capital and Maintenance Projects Team Use Only:

Project Request #: _____ Date Received: _____
Non-Capital Project Review Committee Meeting Date and Recommendation:

_____
Department/Unit Notified of Decision: _____(Date)
PM Assigned:_____
Campus Planning Staff Assigned:_____
Director of Campus Planning (signature):_____
Assistant Director, Renovations (signature):_____