

# Georgia State University

## Facility Modification Request (FMR)

Facilities Department Use Only  
Date Sent to VP:

Returned to FCS:

Assigned Unit:

FMR Number

\* Administrative Use Only

### Part 1. Instructions

Within two (2) days after receipt of this form, the Facilities Customer Service Center (FCSC) will notify the contact person by email of the FMR number. Facilities will evaluate the request to determine if:

1. the request requires Capital Planning and Space Allocation Committee (CPSAC) approval. Facilities in conjunction with the requesting unit will develop the documentation for submission to CPSAC.
2. the request is for a research facility and requires approval by the Vice-President for Research. Facilities in conjunction with the requesting unit will develop the documentation for submission to the Vice-President for Research.
3. the request is eligible for cost estimating by the assigned department (Renovation, Design & Construction and maintenance). The assigned department receives the request, the contact person will be notified and asked to meet to discuss the details of the project. Once the project has been estimated and the contact person notified, he/she should:

- a. approve the estimate by notifying the Estimator with approved account number; OR;
- b. revised the scope of work and resubmit the request to the assigned Estimator; OR;
- c. cancel the request and inform the assigned department and the FSC.

The contact person will receive periodic updates from the Estimator on the status of the request.

E-mail form to: [fmservices@gsu.edu](mailto:fmservices@gsu.edu) Or FAX to: 404-413-0710

### Part 2. Client/Contact Information

Date:

Contact Name:

Phone #:

Department:

E-mail:

### Part 3. Location & Description of Request

Building Name:

Room Number(s)

Description of Work:

(Attach additional files if needed)

### Part 4. Budget

Please provide an account number if you would like the work request to proceed as long as the cost does not exceed the budget.

**Budget is restricted to a cost not to exceed \$30,000.**

i.e.: \$500, \$1,000, \$2,500, \$5,000, \$10,000, \$15,000, \$20,000 or \$30,000

Enter Budget Amount:

Cost Estimate Only \$

Speed type:

### Part 5. Approvals

Title

Type your signature:

Dept Head / Director

Date

Dept Head E-mail

Date

[Print Form](#)

Alternatively, if your web browser does not support email you may fax it to (404) 413-0710.