

Contact Information

Project Name: _____

Date: _____ **Project Number:** _____ [*To be assigned by Facilities*]

Name and Department Requesting Renovation/Project: _____

Building name and room number (s) affected: _____

Section 1: Concept Approval

Brief description of work:

(i.e. Remove wall between offices 0-xxx and 0-xxx to make 1 large open area. Install 8 data drops, 6 phones and 16 elec. outlets, etc.):

Date client would like project completed by *(include any specific deadline rationale):*

Order of Magnitude Cost: _____ [$\pm 50\%$, *To be completed by Facilities*]

Concept Approved:

Dean/Director Signature Date

Provost/VP Admin Date

Section 2: Scope Development and Budget Estimate [*To be completed by Facilities Department*]

After concept approval, proponent is to work with Facilities to develop the project scope (what is included, what is not) and then Facilities will prepare a final cost estimate for funding approval.

Detailed scope attached: (Yes / No)

Drawing Attached: (Yes / No / N.R.)

Space Allocation: (Approval / Notification / N.R.)

S.A.C. Meeting date: _____

Total Estimated Cost: _____ [*Breakdown to be attached*]

Scope and Budget Review:

Client Signature Date

Facilities Signature Date

Section 3: Project Approval

Approved Budget: _____ *[Not to exceed cost]*

Funding Source (coding): _____

Concept Approved: _____

Dean/Director Signature

Date

Provost/VP Admin

Date

Section 4: Project Scheduling *[To be completed by Facilities Department]*

NOTE: Project start date will be a minimum of 1 month after final project approval signature is received.

Project Manager/Lead: _____

Staffing Requirements: _____

Estimated start date: _____

Target completion date: _____

Section 5: Project Close-out *[To be completed by Facilities Department]*

VFA Updated: (Yes / No / N.R.) Signature: _____

TMA Updated: (Yes / No / N.R.) Signature: _____

Invoicing complete: _____

Project Manager Signature

Date