

Contact Information

Project name: _____

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

Department requesting: _____ **Submitted by:** _____

Building name and room number(s) affected: _____

Section 1: Concept Approval

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):*

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.

Order of Magnitude Cost: _____ [± 50%, To be completed by Facilities]

Detailed scope attached: Yes No **Drawing attached:** Yes No N.R.

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 Signature

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

Additional notes: