

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

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):*

Dean / Director Signature

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: _____ [$\pm 50\%$, *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): _____

Project approved: _____

Dean / Director Signature

Date

Provost / VP Admin Signature

Date

❖ *By signing above I hereby certify that I am duly authorized to execute this project and have Spending Authority on the above provided account coding.*

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: _____ Date: _____

Project Manager Signature

Additional notes: