I. USER GROUP INFORMATION

College or Entity: ________________________________
Requestor's Contact Name: ________________________
Email: _________________________________________

Department: ________________________________
Office Number: ________________________________
Cell Number: ________________________________

II. PROJECT INFORMATION (select all that apply)

- Renovate existing space
- Enlarge existing space
- Safety/Code Issue

Building Name/ Floor(s): __________________________
Room Number(s)/ Area: __________________________

Project Name and Description: (provide scope, desired outcome, furniture required, and other relevant information - include additional pages as necessary)

III. SCHEDULE REQUIREMENTS/CRITICAL DATES (select all that apply)

- Semester Start
- End of Fiscal Year
- Safety/Code Issue

Desired Date of Completion: _______________________

If this is a request for an office, please review Faculty and Staff Office Standards

IV. PROJECT FUNDING (select all that apply; refer to Policy for Facility Improvements, Capital Projects, and Space Allocations)

Funding Source:  
- Department/Division
- Division Reserve Account
- Other: __________________________

Funding Amount: ____________________________ (provide additional information if necessary)

Anticipated Project Cost:  
- $25-50k
- $50k-100k
- $250k-500k
- $1 million or higher

Add the COA Number: ___________________________

V. PROJECT APPROVALS

Business Officer's Name: ____________________________ Date: __________
Business Officer's Signature: __________________________
Dean/VP/AVP Name: ____________________________ Date: __________
Dean/VP/AVP Signature: ____________________________ Date: __________

Facilities Management Use Only:
Date Received: ____________________________ Next ISSG Meeting: __________________________
Next CAPG Meeting: __________________________

Design costs require funding be provided by the User Group, regardless if project execution is approved or not.