



FACILITIES MANAGEMENT

PROJECT REQUEST FORM

The Project Request Form (PRF) must be completed for any space request or significant modification to a facility that may include removal or installation of items, such as, walls, doors, windows, flooring, lighting, HVAC systems. For best results, open PRF in Adobe Acrobat.

I. USER GROUP INFORMATION

*College / Entity: _____ *Department: _____
*Requestor's Name: _____ *Requestor's Office / Cell #: _____
*Requestor's Email: _____ Service Request #: _____

II. PROJECT INFORMATION (select all that apply)

- Upgrade, Add, and/or Replace Equipment or Technology (e.g., lab hoods, lighting controls, AV, etc.)
Replace / Update Finishes and/or Furniture (e.g., flooring, millwork, etc.)
Physical Space Modifications (e.g., add/remove offices, lab or classroom buildouts, renovations, exterior grounds, etc.)
Space Request (e.g., evaluation of current space vs project space needs / expansion / relocation)
Technical Security (e.g., card readers, duress buttons, alarms, cameras, etc.)

*Building Name / Floor(s) / Area(s): _____

*Project Name and Description: (provide as much information as possible to better convey your desired outcome, furniture requirements, and any other relevant information, provide additional pages as necessary)

[Empty text box for project name and description]

III. REASON FOR REQUEST (select all that apply; refer to Faculty and Staff Office Standards for office requests)

- Academic Program Needs Donor Requested Needs
Administrative Needs / Operational Improvements R1 Research
Arriving Faculty Needs Safety / Code Issues
Athletic Program Needs Student Life Needs

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

*Funding Source: Department / Division Donor / Gifts Grant / Start-Up
Excellence / Endowment Shared University Funding Request
Other: _____

*Funding Dollars Available: _____ CoA: _____ (if applicable)

Costs associated with design and asbestos sampling require User Group funding, regardless of project execution is approval.

V. PROJECT APPROVALS

*Business Officer's Name: _____
*Business Officer's Signature: _____ Date: _____
*Dean / VP / AVP Name: _____
*Dean / VP / AVP Signature: _____ Date: _____

FACILITIES MANAGEMENT USE ONLY:
Date Received: _____ ISSG Approved: Yes No Date: _____
CAPG Approved: Yes No Date: _____ Other Approvals: _____