



Facilities Project Intake Form

Project Name:

Project Type

New

Maintenance

Renovation

Health & Safety

Other

If Other is selected please explain:

Requestor Information

Name:

Department:

Phone #:

Project Information

Does this project fit into the existing department/center space?

Yes

No

Proposed Location:

Building:

Room #:

Project Description (Scope of Work):

Project Justification:



Project Schedule

Proposed Start Date:

Proposed Completion Date:

Proposed Occupancy Date:

Project Costs

Proposed Project Cost? \$

Has funding been identified for this project?

Yes

No

If Yes, please provide the account number associated with this project:

Account #

Account Name & Funding Source:

Has an estimate been performed for this proposed project?

Yes

No

If Yes, by whom?

District

Contractor

Other

Are there any future/annual costs associated with supporting this project?

Yes

No

If Yes, please list and explain:

Authorization to Proceed

Division Dean/Department

Signature

Date

Print Name & Title

Area Vice President

Signature

Date

Print Name & Title

Facilities Director

Signature

Date

Print Name & Title