

PLANNING, DESIGN & CONSTRUCTION

FINANCE & ADMINISTRATION

PROJECT INITIATION FORM

*indicates a required field

College

A. RE	QUEST	OR INFO	ORMAT	FION
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Request Date	Check if you would like to schedule a meeting to discuss this project with PDC

Requestor's Name* Requestor's Email*

Project Contact Email

B. PROJECT INFORMATION

Department

Project Location/Building/Site Name*

Room Number(s) / Project Area

Primary Function / Current Use of Space

Proposed Function / Use of New/Renovated Space

Project Type (click all that apply)

Renovation/Refurbishment New Construction/Addition Site/Landscape Estimate Only

Furnishings/Equipment Building Exterior/Roof Feasibility Study Grant Planning

Other (please specify)

Create a FAMIS Work Order for Maintenance/Repair Projects

Project Description – Describe the basic scope of your project. Include plans, sketches, specifications or any other additional information. Please indicate any equipment needs as part of this project such as office furniture, lab equipment or carpet.

Special Architectural Features (e.g. Suspended Ceilings, Special Flooring, Soundproofing etc.)

Yes (describe below)

No



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B. PROJECT INFORMATION CONTINUED

Special Electrical Requirements	Yes (describe below)	No	Number of Receptacles Needed					
Audio / Visual Equipment Needed			Yes (describe below)	No				
Security Alarm System Requirements			Yes (describe below)	No				
Special Plumbing Requirements (e.g. Drains	, emergency showers, gas, air etc.)		Yes (describe below)	No				
Heating Air Conditioning, Ventilation & Humidity Requirements								
Maximum number of people using the space at one time Any heat generating equipment in the project (e.g. Computers, copiers, lab equipment, stoves, ovens, etc.) Yes (describe below) No								
Special Environmental Conditions (e.g. Co Yes (describe below) No	ontrolled temperature, humic	lity, vent	ilation etc.)					

Telecommunication Requirements (Please indicate location of outlets on plans, sketches, etc.)

Number of Data Ports Needed



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C. SCHEDULE REQUIREMENTS/CRITICAL DATES

Desired Completion Date Please select any scheduling issues/requirements below

Semester Start/End Fiscal Year End Semester Break Time of Day

Other

D. PROJECT FUNDING

Account Number* Available Funds*

FY End Funds expiring this current fiscal year

E. PROJECT APPROVALS (signatures not required for Grant Assistance)

Requestor should enter the applicable names and email completed digital form for electronic signature. The Approvals below indicate fiduciary responsibility for this project using the account number provided above.

Business Manager / Cost Center Manager (if applicable)

Dean / Director / Comptroller

Executive Vice President & Provost (if applicable)

Executive Vice President & Chief Administrative Officer

Printed Name

Printed Name

Printed Name

Printed Name

F. NOTES

Please provide any additional information below

Electronic Signature

After reviewing, either sign and click the Approve button below or click the Deny button below.

Electronic Signature*

After reviewing, either sign and click the Approve button below or click the Deny button below.

Electronic Signature

After reviewing, either sign and click the Approve button below or click the Deny button below.

Electronic Signature*

After reviewing, either sign and click the **Approve** button below or click the **Deny** button below.

Clicking either button will give you the opportunity to compose an email before this form is sent as an attachment to the requestor.