



PLANNING, DESIGN & CONSTRUCTION

FINANCE & ADMINISTRATION

PROJECT INITIATION FORM

**indicates a required field*

[Create a FAMIS Work Order for Maintenance/Repair Projects](#)

Please download this form to your desktop.

The digital signature fields that are required on page 3 are not available if you fill in the form in your web browser.

A. REQUESTOR INFORMATION

Request Date

Check if you would like to schedule a meeting to discuss this project with PDC

If someone at PDC is currently working on this project, please enter their name here

Department

College

Requestor's Name*

Requestor's Email*

Project Contact

Contact Email

B. PROJECT INFORMATION

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)

Project Description – Describe the basic scope of your project. Include plans, sketches, specifications or any other additional information. Please indicate any equipment needed 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



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. Controlled temperature, humidity, ventilation etc.)	
Yes (describe below)	No

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

Number of Data Ports Needed

Telephone/Fax Provisions



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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.*

Academic Colleges, Departments & Units must route to EVP/Provost for signature before sending to EVP/CAO

Business Manager / Cost Center Manager

Printed Name

Electronic Signature

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

Dean / Director / Comptroller

Printed Name

Electronic Signature*

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

Executive Vice President & Provost

Printed Name

Electronic Signature

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

Executive Vice President & Chief Administrative Officer

Printed Name

Electronic Signature*

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

F. NOTES

Please provide any additional information below

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

After collecting all necessary electronic signatures, the requestor should email the form to project_initiation_forms@docs.e-builder.net