**Project Request**

PR– Click to enter text.

# Project Number

(Assigned by F&PS)

PM ASSIGNED: Click to enter text.

Project Name: Click to enter text.

**Form**

Facilities & Planning Services

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| INSTRUCTIONS |

**STEP 1:** For initial consultation and review, please complete Section 1 and have signed by the appropriate Department head and return to Projects at Facilities & Planning Services (projects@calbaptist.edu). Once received a Project Manager (PM) will be assigned to contact you and schedule a consultation.

**STEP 2:** Following consultation, the PM will provide a Rough Budget Estimate (RBE) in Section 2 for project feasibility. This is an estimated funding amount required to proceed with engaging an architect and/or other consultants to produce a bid set of plans to determine the actual project cost that will be included for the D*irector/Dean and Department VP approval. A FOAP will need to be provided by the requesting department in order to proceed.*

**STEP 3:** Following the bid process, Section 3 will be completed by the PM for the final FOAP. Final project approval is required from the Senior VP of Finance and Administration.

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| **SECTION 1 – PROJECT REQUEST / SCOPE** |
| From Department: Click to enter text. | Date: Click to enter date. |
| Project Contact Person (Name): Click to enter text. | Contact No.: Click to enter extension. | Email: Click to enter text. |
| Project Location/Bldg.: Click to enter text. | Room(s): Click to enter text. |
| **Project Description/Scope**: Describe in the space below what you would like to have done. Attach a map and additional materials if necessary.Click to enter text.[ ]  Check if furniture purchase or relocation required (complete Furniture Request form). |
| **Technology Scope**: Are there technology adjustments needed for this space? [ ]  Yes [ ]  No[ ]  Computers [ ]  Phones [ ]  Wireless [ ]  Classroom A/V [ ]  Security Cameras [ ]  Others (describe) Click to enter text. |
| Desired Start Date: Click to enter date.  | Desired Completion Date: Click to enter date. |
| Relocations required: [ ]  Yes [ ]  No | Relocation Information/Duration: Click to enter text. |
| **Budget Information** |
| Funding Amount Available:Click to enter amount. | Fiscal Year: Click to enter text. | [ ]  No funding identified at this time |
| Budget Approval Date: Click here to enter text. | Approver Name: Click to enter text. |

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| **THIS SECTION TO BE COMPLETED BY F&PS** |
| Will the project involve or require the following?

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| A change in space classification (e.g., office to lab): | [ ]  Yes | [ ]  No |
| Utility trenching and/or infrastructure: | [ ]  Yes | [ ]  No |
| Installation of exterior mechanical equipment: | [ ]  Yes | [ ]  No |
| Architectural design required: | [ ]  Yes  | [ ]  No |
| Civil Design required: | [ ]  Yes | [ ]  No |
| Permits/Entitlements required: | [ ]  Yes | [ ]  No |
| Environmental Health & Safety Review: Asbestos or Lead Abatement | [ ]  Yes | [ ]  No |
|  New Sanitary Sewer or Storm Drain Connections | [ ]  Yes | [ ]  No |
|  Storage of chemicals, hazardous or biological materials | [ ]  Yes | [ ]  No |

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| **SECTION 2 – ROUGH BUDGET ESTIMATE APPROVALS (Grayed areas to completed by PM)** |
| Note: Approvals given below of the RBE authorizes F&PS to move forward with contracting the required Architect and/or Consultants to provide a bid set of plans for a more accurate project budget estimate. |
| Project/Assignable Square Feet (ASF): Click to enter text. | Rough Budget Estimate: Click to enter text. |
| Contractor Type: [ ]  In House [ ]  Private | Consultant Funding AmountClick to enter amount. |
| Budget Code/FOAP:  Click to enter F O A P number. FUND ORGANIZATION ACCOUNT PROGRAM |
| Director/Dean Approval Date: Click to enter date. | Print Name: Click to enter text. |
| Senior/VP Approval Date: Click to enter date. | Print Name: Click to enter text. |
| **SECTION 3 – FINAL PROJECT APPROVAL PROCESS (Grayed areas to completed by PM)** |
| Assigned Project Manager (PM): Click to enter text. | Phone Number: Click to enter text.Email: Click to enter text. |
| Anticipated Start Date: Click to enter date. | Requested Completion Date: Click to enter date. |
| Relocations required: [ ]  Yes [ ]  No | Relocation Information/Duration: Click to enter text. |
| Budget Amount Approval:Click to enter amount. |
| Approved Budget Code/FOAP:  Click to enter F O A P number. FUND ORGANIZATION ACCOUNT PROGRAM |
| Approval – VP Finance & Administration Name: Click to enter text. | Date: Click to enter date. |