**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](mailto: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?   |  |  |  | | --- | --- | --- | | 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 | | | | | |
| **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 Amount  Click 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. |