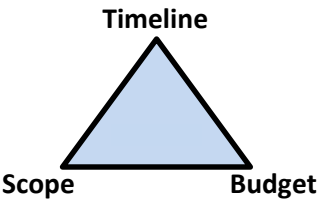


GENESEO

Internal Project Request Form - Small Alt. Projects / Moves/Change in use

Requestor:		**FS Project Manager:**	
Dept:		**Dept:**	**Facilities Services**
Phone #:		**Phone #:**	
Email:		**Email:**	
Project Contact:		**Type of Project (TMA)**	
Phone #:			
Email:			

Part A - Scope & Estimate Approval by Requesting Department

Strategic Project Name: _____Date: _____

Project Goal: _____

Justification: _____

Business Purpose:

☐Health/Safety ☐Strategic Initiative ☐Other _____

☐Revenue Generator ☐Core Service

Detailed Scope of Work: (Attach additional sheet(s) if needed)

Requested Completion Date_____ Available Budget _____ Account Number _____

Department Head / Chair (Print Name): _____ Signature: _____

APPROVAL TO PROVIDE ESTIMATED COSTS: ☐Approved ☐Not Approved

****

PART B - Estimate by Facilities

Facilities AVP Approval to Proceed w/Estimate (Initials) _____ Date _____

To Be Completed by Project Manager: Estimate TMA WO# FS- _____

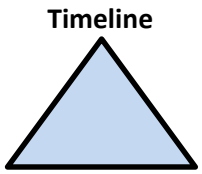
Estimated Material Cost: $(attach documents/bids) _____ Estimated Labor _____

Estimated Ongoing Costs After Project Completion _____

Work to be completed by: ☐In House ☐Contracted ☐Both

Tentative Start Date: _____ Project Duration: _____

Reviewed by Associate Director of Facilities: (Initials) _____ Date _____



GENESEO

Internal Project Request Form - Small Alt. Projects / Moves/Change in use

****

PART C - By Requester - Approval to Proceed w/Project

Approver Process note: Approvals from appropriate Vice Presidents / Provost / Assistant Provost / Cabinet Member are **mandatory**. *Should your request be denied for any reason, you are encouraged to discuss other alternatives with your supervisor(s).*

Budget / Scope Approval Signatures

(Vice Presidents / Provost / Assistant Provost / Cabinet Member)

Account Number (to be charged for project work described in the attached estimate)

Academic: _____ Approved by: _____/ _____

(Print) (Signature)

DIFR: (Res Halls Only): _____ Approved by: _____/_____

(Print) (Signature)

IFR / MCM: _____ Approved by: _____/_____

(Print) (Signature)

****

Part D: ☐ Code Review Approval Required ☐ Building Permit

Code Official Approval (Print Name) _____Signature_____Date_____

Final - AVP Facilities Approval: Signature_____ Date_____

****

Part E: Approval VP Finance and Administration (if applicable)

_____ _____

Signature Julie Buehler, VP Finance and Administration **Date**

****

Part F - Business Manager

TMA Project _____ (Send Completed Document to Project Manager)

****

Part G - Notify Director of Planning and Design

☐Applicable Date notified _____ ☐Not Applicable