

Requestor:		Project Manager:	
Dept:		Dept:	Facilities Services
Phone #:		Phone #:	
Email:		Email:	
Project Contact:			
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 _____

PART B - Approval to Provide Estimated Costs: Approved Not Approved

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

PART C - Facilities AVP Approval to Proceed (Initials) _____ Date _____

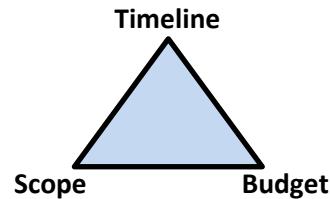
PART D - Director of Planning & Construction Review of Project (Print Name): _____ Signature: _____

PART E - Code Officer Review of Project (Print Name): _____ Signature: _____

GENESEO

Project Request Form

PART F - 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: In House Contracted Both Tentative Start Date: _____ Project Duration: _____

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

PART H - By Requestor - Approval to Proceed with 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 I - Building Permit Required: No Yes Permit # _____

Code Official Approval of Project Documents & Permit (Print Name) _____ Signature _____ Date _____

Part J: Final - AVP Facilities Approval (Print Name) _____ Signature _____ Date _____

VP for Finance & Administration Signature Required No Yes

Part K (if applicable) - VP for Finance & Administration Approval

Print Name _____ Signature _____ Date _____

Part L - Project Manager

TMA Project # _____ (Send Completed Document to Director of Planning & Construction & Upload to TMA)