

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: \_\_\_\_\_

\*\*\*\*\*

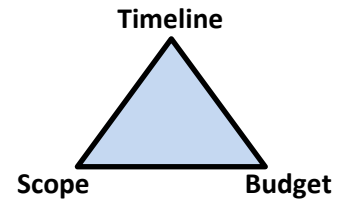
PART E - Code Officer Review of Project (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

# 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)