

PART A - Scope & Estimate Approval by Requesting Department

| | |
|------------------|--|
| Requestor: | |
| Dept: | |
| Phone #: | |
| Email: | |
| Project Contact: | |
| Phone #: | |
| Email: | |

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 #: _____

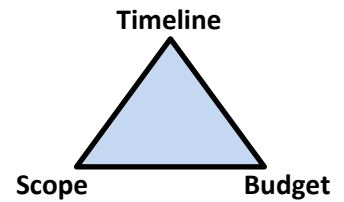
PART B - Approval to Provide Estimated Costs: ☐ Approved ☐ Not Approved

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:** _____



PART F - To Be Completed by Project Manager

| | |
|------------------|---------------------|
| Project Manager: | |
| Dept: | Facilities Services |
| Phone #: | |
| Email: | |

Estimate TMA WO# FS- _____ Estimated Material Cost _____

Estimated Labor _____ Billable ☐No ☐Yes

Estimated Total _____ 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 – Get Approval to Proceed with Project from Vice President / Provost / Assistant Provost / Cabinet Member

Account #: _____ 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: 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)