

### 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 #: \_\_\_\_\_

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

Department Head / Chair (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

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

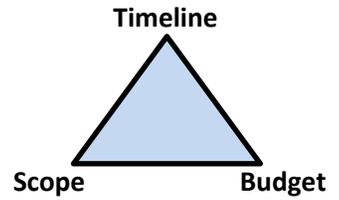
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PART D - Director of Planning & Construction Review of Project (Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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### 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: \_\_\_\_\_

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

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PART H - By Requestor – Get Approval to Proceed with Project from Vice President / Provost / Assistant Provost / Cabinet Member

Account #: \_\_\_\_\_ Approved by: \_\_\_\_\_  
(Print) (Signature)

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Part I - Building Permit Required: No Yes Permit # \_\_\_\_\_

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

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Part J: AVP Facilities Approval (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

VP for Finance & Administration Signature Required No Yes

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

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Part L – Project Manager

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