CSUDH

Facilities Planning and Construction Management

SUBMIT

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RESET

PROJECT REQUEST FORM

I. PROJECT REQUESTOR (Complete Sections I through IV)

Name _____ Date _____

Title _____ Extension _____

Department _____ Location _____

Contact Person (if other than above) _____ Extension _____

II. PROPOSED PROJECT (Describe project scope, need, and location, and attach other necessary information)

Status of Project:

- ☐ Will need assistance in developing plans/specifications
- ☐ Will need assistance in developing furniture layout
- ☐ Other (explain below)
- ☐ Have plans/specifications for review
- ☐ Have furniture layout for review

III. PROPOSED USE (Will the proposed project change the current use of space?) ☐ **No** ☐ **Yes (please describe)**

IV. SOURCE OF FUNDS

- ☐ Self-Supported Program
- ☐ Auxiliary (501.c3)
- ☐ Use of general funds (limited to $100,000 maximum on capital improvement project per Budget Act Section 6.0)
- ☐ Request for project to be placed on Minor Capital Project List (under $600,000) for possible future funding
- ☐ Other _____

V. PLANNING, DESIGN & CONSTRUCTION (PD&C)

PD&C will schedule an interview (project goal setting and date gathering) Date _____

meeting to review Pre-Project Work plan and recommendations Date _____