



FACILITY PROJECT REQUEST FORM

This form is to be used to request projects that are, programmatic in nature and are not critical maintenance, repair, or replace-in-kind requests. Requests such as painting, replace carpet, lighting, remove brackets, repair door handle, etc. should follow the campus standard process through work order request. <https://facilities.buffalostate.edu/work-orders>

Please return signed form and any attachments to Sarah Reid, Facilities Planner, CLEV 507C

Primary Contact

Name: _____ **Department:** _____
Office Address: _____ **Phone no:** _____ **Email:** _____

General Project Information

Project Location (*building and room nos.*) _____

Purpose and Benefit of Project:

How will this project support the Strategic Plan of the College?

Additional Information may be attached support the purpose and benefit, and College and division Strategic Plan.

Construction: Earliest possible start date: _____ Desired Completion date: _____

Funding Source

Funding Source: Yes ___ No ___

If yes, account no.: _____ **Project Budget:** _____

Funding limits or expectations: _____

Comments:

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Please check all materials and/or equipment that might apply and give description if known.

Demolition – Describe all fixtures and parts of the building that will need to be removed (i.e. walls, mechanical, electrical, plumbing systems, doors, flooring, cabinets, etc.)

Rehabilitation/Construction– Describe all construction work and attach floor plan as required.

Equipment and Furnishings – Describe all furnishings and equipment requested as part of this project. Please cut sheets of equipment if known.

Although not required any additional information in support such as cost estimates, floor plans, outside reports, etc. should be submitted with this form. Existing Building floor plans available here:

<https://sharepoint.buffalostate.edu/Offices/Facilities/SitePages/Home.aspx>

APPROVALS are for the project at the described scope only. Final approvals for project execution will be made after evaluation of scope is made by Facilities. The priority of the project will then be evaluated by the Capital Development Board against all other programmatic projects and funding. Projects with funding could have a better chance of being a higher priority.

Chair/Supervisor of Department:

Type Name Here

Date

Signature

Dean/ VP/ Athletic Director: *(Signature is for support of the scope, not authorization to proceed to design/construction)*

Type Name Here

Date

Signature