

Finance and Management Cleveland Hall 507C

1300 Elmwood Avenue, Buffalo, NY 14222-1095 Tel: (716) 878-5489 www.buffalostate.edu

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

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

Name:		Department:
Office Address:	Phone no:	Email:
eneral Project Information		
Project Location (building a	and room nos.)	
Purpose and Benefit of Pro	oject:	
How will this project suppo	ort the Strategic Plan of the	e College?
How will this project suppo	ort the Strategic Plan of the	e College?
How will this project suppo	ort the Strategic Plan of the	e College?
How will this project suppo	ort the Strategic Plan of the	e College?
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Additional Information may b	pe attached support the purpo	
Additional Information may be Construction: Earliest poss	be attached support the purposible start date:	ose and benefit, and College and division Strategic Plan Desired Completion date:
Additional Information may be Construction: Earliest poss	pe attached support the purposible start date:	ose and benefit, and College and division Strategic Plan
Additional Information may be Construction: Earliest possunding Source Funding Source: Yes	pe attached support the purposible start date:	ose and benefit, and College and division Strategic Plan Desired Completion date:
Additional Information may be Construction: Earliest possional funding Source Funding Source: Yes If yes, account no.:	ne attached support the purposible start date: No Project E	ose and benefit, and College and division Strategic Plan Desired Completion date:

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Please check all materials and/or equipment of Demolition – Describe all fixtures and parts of electrical, plumbing systems, doors, flooring,	of the building tha	and give description if known. t will need to be removed (i.e. walls, mechanical,
Rehabilitation/Construction— Describe all c	onstruction work	and attach floor plan as required.
Equipment and Furnishings – Describe all the sheets of equipment if known.	furnishings and e	quipment requested as part of this project. Please cut
Although not required any additional information should be submitted with this form. Existing Entires://sharepoint.buffalostate.edu/Offices/Fat	Building floor plans	
evaluation of scope is made by Facilities. The	e priority of the pr	Final approvals for project execution will be made after oject will then be evaluated by the Capital Development ojects with funding could have a better chance of being a
Type Name Here	Date	Signature
Dean/ VP/ Athletic Director: (Signature is for support of	the scope, not autho	rization to proceed to design/construction)
Type Name Here	 Date	Signature