

FACILITIES REMODEL REQUEST FORM

Requested by:	Department:
Date submitted:	Contact Number:
Will your department fund the remodel/repair:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>Yes</u> , provide the funding information: Account Number: _____	If <u>No</u> , projects will compete for other projects for funding
Estimation of cost: M&O:	I.T.?
Will the remodel cause on-going, increased expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe in detail what you would like to have done:

Approval in Concept

Dean/Director Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Process Flow:

1. Requestor fills out first page using best estimate of cost without requesting quotes from Maintenance staff.
2. Dean / Director AND area Vice President sign and approve request **"In Concept"**.
3. Form is routed to Director of Maintenance & Operations for an estimate (if needed) and completion.
4. Form is routed to Director of IT for an estimate (if needed).
5. Area Vice President submits completed form to President's Cabinet for review / approval.

PRESIDENT APPROVAL _____ *DATE* _____

M & O EVALUATION

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Man Hours to Complete:

Estimated Equipment Costs: \$

Preference Points (1 Per Item. Check all that apply) Total: _____

* Safety* Staff Increase* Instructional Effectiveness* Habitability* Code Violation* ADA Accommodation* Mandated* Lease Agreement

IT/IMS Evaluation

Estimated Material Cost: \$

Use Internal Labor: Yes No

Estimated Man Hours to Complete:

Estimated Equipment Costs: \$

 New Cabling/Infrastructure Cabling/Infrastructure cost \$ _____ Time estimate order/delivery of supplies and equipment: _____ Date of coordination of meetings with M&O and requestor: _____ Date for installation between M&O and requestor: _____ Budget number for supplies:

Other comments:

Cabinet

Encumbrance: Yes No

Account Number: _____

Recommended Funding Source: _____

Requisition/Purchase Order Number: _____

Signature Fiscal Services Director: _____

Date: _____

Signature V.P. Administrative Services: _____

Date: _____

Scheduling

Date Received: _____

Received by: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Actual Completion Date: _____

Actual Cost \$ _____

Work Order Number(s): _____

Date Requestor Notified of Completion: _____

*Attach Internal Labor Work Deferment Form

Revised 2/6/19