

PROJECT REQUEST FORM

Project Number: _____

(Assigned by Planning, Design and Construction)

[Per G8.06 Contracts for Construction](#), all construction, reconstruction, improvement, enlargement, alteration, painting and decorating, or major repair to existing facilities of Missouri State University require this form to be completed before work on the project may begin. The initiating department should describe the work to be completed, indicate the available funding, obtain the proper signatures of authority, and email this form to [Planning, Design and Construction](#).

PROJECT INFORMATION

Requesting Department: _____ College/Division: _____

Primary Contact: _____ Phone: _____ Email: _____

Building/Area to be Modified: _____

Describe overall project request. Identify specific use, room numbers and details of work being requested.

PROJECT COMPLETION

Clients should anticipate at least six (6) months from time of assignment for projects to be completed. Projects to be completed during the summer session or for the beginning of fall semester must be received **no later than January 15th**.

Anticipated Completion: Calendar Year _____ Spring Semester Summer Session Fall Semester Winter Break

Anticipated project completion is impacted by the following: (Choose all that apply)

 Life Safety Water Intrusion Academic Semester Accessibility/ADA Compliance Special Event Funding Expiration Donor Funds**PROJECT FUNDING**

A minimum \$400 charge may be incurred if an estimate is requested, and the project does not proceed. Formal approval of a project budget and/or funding source(s) will be confirmed before we award any project or any expenses are incurred.

FOAP/Funding Source(s): _____

Is this project being funded by a grant? Yes No Will this project be paid for using any federal funds? Yes No**PROJECT APPROVAL**Approval from the Dean/Director **and** Provost/Vice President is required. This includes "For Estimates Only" and preliminary designs._____
Department Head/Supervisor_____
Dean/Director **(Required)**_____
Vice President/Provost **(Required)**

Date received in Planning, Design and Construction: _____

ASSIGN TO: Planning, Design and Construction: Date: _____ Project Manager: _____ Campus Construction Team: Date: _____ Facilities Maintenance: Date: _____ Networking and Telecommunications: Date: _____ University Safety: Date: _____

REMARKS:

DATE:

