

**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 detail 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 15<sup>th</sup>.

Anticipated Completion: Fiscal Year \_\_\_\_\_  Spring Semester  Summer  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**

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

Is this project being funded by a grant?  Yes  No Will this project be paid for using any federal funds?  Yes  NoAnticipated Budget: \_\_\_\_\_ Funding Source(s): \_\_\_\_\_  
(Funds Available to Spend) (FOAP Required)**PROJECT APPROVAL**Approval from the Dean/Director and Provost/Vice President is required. This includes "For Estimates Only" and preliminary designs.\_\_\_\_\_  
Department Head/Supervisor\_\_\_\_\_  
Date\_\_\_\_\_  
Dean/Director\_\_\_\_\_  
Date\_\_\_\_\_  
Vice President/Provost (**Required**)\_\_\_\_\_  
Date

Date received in Planning, Design and Construction: \_\_\_\_\_

REVIEW DATE: Facilities Management: \_\_\_\_\_ PDC: \_\_\_\_\_

ASSIGN TO:  Campus Construction Team: Date: \_\_\_\_\_  Facilities Maintenance: Date: \_\_\_\_\_ Networking and Telecommunications: Date: \_\_\_\_\_ Planning, Design and Construction: Project Manager: \_\_\_\_\_

REMARKS:

DATE:

\_\_\_\_\_  
\_\_\_\_\_