

TEXAS WOMAN'S UNIVERSITY

OFFICE OF FACILITIES MANAGEMENT & CONSTRUCTION

PROJECT INFORMATION FORM

Rev. 7/2018

Purpose of Form: To request a general price point for the scope of work described to better identify funding issues. **This form does NOT replace the Project Request Form**, but rather comes before it to provide departments with generic pricing information for preliminary budgeting purposes before requesting a project to be implemented (through the completion of the PRF form). A PRF is not required if ordering furniture that meets University Standards and remains under \$30,000.

When to use: When a department has an idea for a project to develop, but the associated costs need to be understood before further resources can be dedicated to implementing the project idea.

NOTE: *The estimate prepared for you by TWU Facilities as a result of this form is NOT based on formal pricing from contractors. It is to be used for preliminary budgeting purposes only. Once a PRF is received, a formal estimate will be prepared.*

CONTACT INFORMATION

Request Date: _____ **Requesting Department:** _____

Project Contact Info: (Identify one person with whom Facilities can work with on this request)

Name: _____ Phone: _____ E-mail: _____

PROJECT DETAILS

Campus: _____ **Building:** _____ **Room Number(s):** (use commas) _____ **Account #** (if known): _____

If not within a building, describe location below:

General Information: (check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Structural Remodel
(move walls, doors, etc.) | <input type="checkbox"/> Furniture | <input type="checkbox"/> Move Request | <input type="checkbox"/> Building System Remodel
(power, A/C, etc.) |
| <input type="checkbox"/> Equipment Needs
Assessment | <input type="checkbox"/> Finishes
(carpet/paint, etc.) | <input type="checkbox"/> Space Planning
Study (room layout,
storage needs, etc.) | <input type="checkbox"/> Other |
| <input type="checkbox"/> SUAC Approved* | | | |

Desired Completion Date:

Scope of work requested (be as descriptive as possible):

APPROVAL SECTION

Dean/Department Head/Chair Approval

Name: _____ **Date:** _____ **Signature:** _____

*** OFFICE OF PLANNING AND DESIGN SERVICES USE ONLY ***

Associate VP of Facilities Management

Name: _____ **Date:** _____ **Signature:** _____

Assigned Project Manager: _____ Approved Disapproved

Return completed form or contact us for questions using one of three methods:

E-mail:
Scan Completed Form and Send to:
TWUProjects@twu.edu

Fax:
940-898-3148

Inter-departmental Mail:
Facilities Management
c/o Dawn Byrd

Visit our website for detailed information about projects: <http://www.twu.edu/fmc>.

*Please attach approved SUAC form to Project Request.