

# TEXAS WOMAN'S UNIVERSITY

OFFICE OF FACILITIES MANAGEMENT & CONSTRUCTION

## PROJECT REQUEST FORM

Rev. 7/2018

**Purpose of Form:** To initiate design, formal estimating, and implementation services for project requests. "Projects" involve multiple trades and have a cost that exceeds \$5,000. A PRF is not required if ordering furniture that meets University Standards and remains under \$30,000.

**When to use:** When a department has a need for a project to be implemented within a definite time frame and a funding source has been identified and have completed a Project Information Form. Examples include: departmental relocations, cubicle re-configuration, cosmetic upgrades, furniture procurement, and complete space remodels.

### CONTACT INFORMATION

<b>Authored Date:</b>	<b>Requesting Department:</b>
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<b>Project Contact Info:</b> (Identify one person with whom Facilities can work with on this request)		
Name:	Phone:	E-mail:

<b>Project Manager Info:</b>		
Name:	Phone:	E-mail:

### PROJECT DETAILS

<b>Building:</b>	<b>General Information (check all that apply):</b>	<b>Desired Start Date:</b>
<b>Room Number(s): (use commas)</b>	<input type="checkbox"/> Renovation/Remodel <input type="checkbox"/> Deferred Maintenance	<b>Desired Completion Date:</b>
If not within a building, describe location below:	<input type="checkbox"/> Finishes (e.g. carpet/paint) <input type="checkbox"/> New Construction	
	<input type="checkbox"/> Furnishings Only <input type="checkbox"/> Equipment	
	<input type="checkbox"/> Building Systems (mechanical, electrical, plumbing, voice/data & A/C)	<input type="checkbox"/> Infrastructure
	<input type="checkbox"/> Landscape, Paving, Etc. <input type="checkbox"/> Space: Planning, Analysis, Study	<input type="checkbox"/> SUAC Approval*

<b>Scope of Work (be as descriptive as possible):</b>
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### FUNDING SOURCE & PROJECT APPROVALS

<b>Account Number:</b>	<b>Amount:</b>
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<b>Dean/AVP Approval</b>		
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<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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<b>Vice President Approval</b>		
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<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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### \*\*\*OFFICE OF FACILITIES MANAGEMENT USE ONLY\*\*\*

<b>Date Received:</b>	<b>AVP of Facilities Management Signature:</b>
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### \*\*\*BUDGET OFFICE USE ONLY\*\*\*

<b>Name:</b>	<b>AVP Finance Budget Signature:</b>	<b>Date:</b>
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<b>Name:</b>	<b>AVP Finance and Administration Signature:</b>	<b>Date:</b>
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Return completed form or contact us for questions using one of three methods:

**E-mail:**  
Scan Completed Form and Send to:  
[TWUProjects@twu.edu](mailto: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.