

TEXAS WOMAN'S UNIVERSITY

OFFICE OF FACILITIES MANAGEMENT & CONSTRUCTION

<http://twu.edu/fmc/>

PROJECT INFORMATION FORM

Rev. 9/2017

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

Name:	Phone:	E-mail:
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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)	Desired Completion Date:
<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	

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

APPROVAL SECTION

Dean/Department Head Approval

Name:	Date:	Signature:
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*** OFFICE OF PLANNING AND DESIGN SERVICES USE ONLY ***

Associate VP of Facilities Management

Name:	Date:	Signature:
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Assigned Project Manager:

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
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Return completed form 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 Nichole Miller

Send questions to TWUProjects@twu.edu. Visit our website for detailed information about projects: <http://www.twu.edu/fmc>