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| **Project Information** |
| Project Number |   |
| Project Name |   |
| Planner / PM |   |
| Occupant Department # |   |
| Occupant Department Name |   |
| Assignee Dept # (if different than Occupant) |   |
| Assignee Dept Name (if different than Occupant) |   |
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| **If existing space is being vacated, provide the following information:** |
| Building Number for Vacated Space |   |
| Building Name for Vacated Space |   |
| Date Space Being Vacated |   |
| Is the space being returned to the Dean or backfilled by Department? |  |
| New Assignee Department Number |   |
| New Occupant Department Number |   |

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| **Purpose of Project** |
| **Background*** Describe the primary mission and objectives of the program or activity.
* Indicate new faculty and/or grants which might increase the use of the facility.
* Identify new policies/procedures or external regulatory requirements, if applicable.
* List the names of the people representing the department function.
 |
| **Project Goals*** Define what the project is supposed to achieve. Involve all stakeholders: users, EH&S, Facilities, DCM, etc.
 |
| **Description of Current Issues*** Describe the problems incurred by the current state of affairs. Be specific in terms of how the existing conditions impact the successful completion of the procedure or activity.
* Cite any known violations of code or agency compliance.
* Address future ramifications if no action is taken on the problem(s).
* What, if any, process improvement has been evaluated.
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| **Program Summary** |
| * Summarize existing and proposed space program. Provide initial detail of program. Typical information includes number and type of rooms to be added, deleted or altered. Examples would include the number of offices, exam rooms, research labs, storage rooms, equipment rooms, patient rooms, etc. Estimated square footage of each room/area should be identified. Compare with present program.
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| **Proposed Solution** |
| * Use this section to establish justification for a potential capital improvement project.
* Describe cost effective solutions under consideration, including alternatives. Stave if not have been identified to date.
* If additional space is being sought, address the issue of using departmental space in a more efficient manner, including relocation, consolidating or sharing space. If these solutions have been rejected, explain why.
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| **Project Detail** |
| * Identify by building and room number. Include new equipment, relocation of existing equipment, new utilities such as sinks and outlets, new and relocated millwork and furniture, demolition and new construction.
* Identify any existing infrastructure constraints.
* Identify the area impacted by construction – listing room names and numbers, or approximate extent of impacted areas.
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| **Room Description:** |  |
| **Room Number(s):** |  |
| **NASF:** |  |
| **Architectural Scope:** |  |
| **MEP Scope:** |  |
| **Voice/Data Scope:** |  |
| **Demolition Scope:** |  |
| **Equipment/Other:** |  |

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| **Demolition Scope:** |  |
| **Equipment/Other:** |  |

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| **Project Budget** |
| * Identify any available project budget information, including budget year and source of funds for the project.
* Attached preliminary estimate form if available.
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| **Project Schedule** |
| * Identify any available project schedule information, indicating all critical milestones.
* Attach preliminary project schedule if available.
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| **Roles and Responsibilities** |
| * Identify roles/responsible parties for the project, including contact information.
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| **Name** | **Role** | **Email** | **Phone Number** |
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| **Outstanding Items for Follow Up** |
| * Identify any items for follow up.
* List any outstanding scope questions.
* List any other approvals needed for scope, budget, schedule, etc.
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**Attachments (As Applicable):**

* Project Submittal Information Form
* Preliminary Estimate Form
* Project Schedule
* FFE List
* Floor Plans
* Space Program
* Communications Plan