FACILITIES SERVICES
PLANNING, DESIGN AND CONSTRUCTION

PROJECT REQUEST FORM

AUGUSTA UNIVERSITY

SECTION 1

REQUESTOR INFORMATION (DIRECTOR OR ABOVE)

NAME: _____

PHONE: _____

DEPARTMENT: _____

DELEGATED POINT OF CONTACT INFORMATION | BUILDING COORDINATOR

NAME: _____

PHONE: _____

DEPARTMENT: _____

FUNDING INFORMATION (REQUIRED)

ANTICIPATED FUNDING ENTITY (CHECK BOXES THAT APPLY):

☐ University ☐ Other:

☐ Medical Center ☐ Medical Associates

FUNDING INFORMATION (FILL IN ALL APPLICABLE FIELDS)

UNIVERSITY CFC (IF APPLICABLE): _____

MEDICAL CENTER COST CENTER / OBJECT CODE: _____

GRANT FUNDED? ☐ YES ☐ NO GRANT ID (IF KNOWN): _____

PROJECT REQUEST INFORMATION

BUILDING CODE / NAME: _____

ROOM NO(S): (IF KNOWN) _____

ARE YOU WORKING WITH A FACILITIES CONTACT? ☐ YES ☐ NO

IF YES, WHO? _____

IS SPACE ASSIGNED TO DEPARTMENT? ☐ YES ☐ NO

CURRENTLY OCCUPIED? ☐ YES ☐ NO

SPACE REQUEST SUBMITTED? ☐ YES ☐ NO

REQUEST NUMBER: _____

PROJECT LOCATION (CHECK ONE): ☐ HEALTH SCIENCES ☐ SUMMERVILLE/FOREST HILLS ☐ OTHER:

BRIEF PROJECT DESCRIPTION TO INCLUDE CURRENT USE OF SPACE AND REQUESTED SPACE USE:

ADDITIONAL INFORMATION CAN BE ATTACHED WHEN PROJECT REQUEST IS SUBMITTED, IF NECESSARY

SIGNATURE APPROVALS

REQUESTOR (MINIMUM OF DIRECTOR LEVEL):

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

SECTION 2

SECTION FILLED OUT BY FACILITIES PERSONNEL

ASSIGNED FACILITIES COORDINATOR: _____ DATE RECEIVED : _____ PROJECT NUMBER: _____

FACILITIES OPERATIONS OR CONSTRUCTION DEPARTMENT RESPONSIBILITY: OPERATIONS CONSTRUCTION

SF OF AREA AFFECTED: _____

ESTIMATE: $ _____

RETURNED TO REQUESTOR FOR: ☐ END USER FINAL APPROVAL ☐ ADDITIONAL SIGNATURE APPROVAL REQUIRED. SEE SECTION 3.

DOES THIS PROJECT AFFECT THE EXTERIOR OF A BUILDING? YES NO

DOES THIS PROJECT AFFECT A HISTORIC STRUCTURE (OVER 50 YEARS OLD)?: YES NO

PROJECT ANTICIPATED TO BE GREATER THAN $1 MILLION IN CONSTRUCTION COSTS: YES NO

DATE ESTIMATE GIVEN TO REQUESTOR (COPY PDC OFFICE SPECIALIST):

SECTION 3

IF ESTIMATE EXCEEDS $50K + SIGNATURE APPROVALS BELOW ARE REQUIRED

PRESIDENT'S CABINET MEMBER:

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

EVP's (or designee) Signature:

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

COMPLETED FORM TO BE SUBMITTED TO **DESIGNANDCONSTRUCTION@AUGUSTA.EDU**