

Bates

Facility Services

Memo

To: Prospective Client

From: Facility Services

Subject: How to Request a Project

Requests for Projects

Last Updated: November 2, 2012

Requests for all new construction and building renovations including the purchasing of furniture and equipment that will require modifications to utilities (phone, data, power, plumbing or mechanical systems) or structures should be made on the “Project Request Form” enclosed. This form was developed to help consider most of the typical needs of a project and should be filled out by you as much as possible and forwarded to Facility Services.

Upon receipt of the completed form Facility Services will review the scope of work and assign a Project Manager to work with you in preparation of a Budget Estimate for you to fund through your department’s operating budget or for you to submit for the annual Capital Budget request process.

The Project Request Form can be submitted to Facility Services throughout the year allowing ample time for planning and pricing larger projects. This will avoid last-minute request which are difficult to fulfill on short notice.

Your help is much appreciated; thank you for your support.

BATES
FACILITY SERVICES
PROJECT REQUEST FORM

Ph. (207)786-6207

Fax (207)786-6026

Last updated November 2, 2012

WHO IS REQUESTING THIS PROJECT?

Today's Date:	Contact Name:	Contact Phone:	Contact E-Mail:
Requesting Department:		Best time to contact:	
Is this a request for an estimate? ☐ YES ☐ NO		Anticipated Budget, if any: \$	
Project Type: ☐ New Construction ☐ Remodel ☐ Furniture or Equipment Procurement ☐ Addition to existing facility ☐ Other (describe):			
Desired Start Date:		Desired Completion Date:	

WHO HAS SIGNATURE AUTHORITY TO APPROVE PAYMENT FOR THIS PROJECT?

Department Head/Authorization Name:	Authorized Representative's Title:
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DESCRIBE THE PROJECT YOU ARE REQUESTING IN DETAIL:

Building Name:	Room Number(s):
Is this space currently assigned to your department? ☐ Yes ☐ No	
Are you changing the use of any existing space? ☐ Yes ☐ No	
Project Description: <i>(Additional information may be included by attachment.)</i>	

FUNDING INFORMATION

☐ Submit for Capital Approval ☐ Application for Grant	☐ Departmental Funding (Fund #: Org. #:) ☐ Seeking Donor or Gift Funding	
FACILITY SERVICES USE ONLY		
Date Received:	Routed to Operations and Maintenance: / /	Routed to Capital Planning and Construction: / /

RETURN COMPLETED FORM VIA:

Electronically:
Scan completed form and send to:
pwichros@bates.edu

Facsimile:
(207)786-6026
Attn: Pam Wichroski

Inter-Departmental Mail:
Facility Services Department
Attn: Pam Wichroski

A Facility Services representative will be in contact with you to discuss the project in length, and to assist you in completing the required Project Request Form Part 2

Questions? Please contact us at (207)786-6207, or pwichros@bates.edu

***** FOR FACILITY SERVICES OFFICE USE ONLY *****

PROJECT REQUEST FORM

PART 2

Project Name:

Preliminary Assignment - Routing

Project Request received by Capital Planning and Construction Project Manager: Date: / /

Project Manager contacts Customer: Date: / /

Project Manager contacts Purchasing: Date: / /

Project Manager contacts ILS: Date: / /

Project Manager contacts Maintenance and Operations: Date: / /

Project Manager Intake Questions

Are there any ancillary projects that affect the budget for the project (e.g., Fire Life Safety)?

Are there any planned or necessary upgrades to the building systems in the project area?

What is the anticipated total budget for the project (client + other funding)?

Is there funding in place to complete the project? If so what is the amount?

What logistical / business issues affect the project and its completion?

Are there any planned or necessary upgrades to the building systems in the project area?

What does the deferred maintenance database indicate?

Are there any known code deficiencies in the project area that must be corrected?

Are there any known equipment deficiencies in the project area that must be corrected?

Are there any hazardous material issues in the project area?

Are there any constraints surrounding the project? (Check all that apply.)

- ☐ Time of Day
- ☐ School Break
- ☐ Time of Year (weather)
- ☐ Reunion, Summer Programs etc.
- ☐ Change in function of Space
- ☐ Other

Project Request Summary

Project Concept Estimate & Proforma completed by: Date: / /

Project Estimate and Proforma Reviewed with Customer: Date: / /

Project Status:

☐ Funding Source Identified and Project Initiated Date: / /

☐ Project routed to SR Staff for approval Date: / /

☐ Project entered into Capital Budget Database as a Departmental Request Date: / /

☐ Project entered into Capital Budget Database as : _____ Date: / /

☐ Other: _____ Date: / /