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.

Ph. (207)786-6207

BATES FACILITY SERVICES

Fax (207)786-6026

PROJECT REQUEST FORM

| Last updated November 2, 2 | 2012 | | | | | | |
|---|--|------------------|--|------------------------------|-----------|--|--|
| | WHO IS R | EQUESTING 1 | HIS PROJECT? | | | | |
| Todays Date: | Contact Name: | | Contact Phone: | Contact E-Mail: | | | |
| Requesting Departr | nent: Best | time to contact: | | | | | |
| Is this a request for | an estimate? YES | ○NO | Anticipated Budget, | if any: \$ | | | |
| Project Type: O New Construction O Remodel O Furniture or Equipment Procurement O Addition to existing facility O Other (describe): | | | | | | | |
| Desired Start Date: | | | Desired Completion Date: | | | | |
| WHO F | AS SIGNATURE AUTHO | RITY TO APPR | OVE PAYMENT I | OR THIS PROJEC | T? | | |
| Department Head/Authorization Name: | | | Authorized Representative's Title: | | | | |
| | DESCRIBE THE PROJ | ECT YOU ARE | REQUESTING IN | DETAIL: | | | |
| Building Name: | | | Room Number(s): | | | | |
| - | tly assigned to your departmer | nt? 🔿 | Yes 🔿 No | | | | |
| Are you changing th | ne use of any exisitng space? | 0 | Yes 🔿 No | | | | |
| | | | | | | | |
| | - | DING INFOR | - | | | | |
| | for Capital Approval | <u> </u> | ntal Funding (Fund #: | Org. #: |) | | |
| | tion for Grant | <u> </u> | USE ONLY*** | | | | |
| | | III I SERVICES | n | · | | | |
| Date Received: | Routed to Operations and Maintenance: | | Routed to Capital Planning and Construction: | | | | |
| | | RN COMPLETED | | | | | |
| Elecronically: Facsimile: | | | Inter-Departmental Mail: | | | | |
| Scan completed form and send to: | | (207)786-60 | • | Facility Services Department | | | |
| <u>p</u> | wichros@bates.edu | Attn: Pam Wich | Wichroski 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

PART 2

| PART 2 | | | | |
|---|--------|---|---|--|
| Project Name: | | | | |
| Preliminary Assignment - Routing | | | | |
| Project Request received by Capital Planning and Construction Project Manager: | Date: | / | / | |
| Project Manager contacts Customer: | Date: | 1 | 1 | |
| 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 Sa | fety)? | | | |
| Are there any planned or necessary upgrades to the building systems in the project are | ea? | | | |
| 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 are | ea? | | | |
| 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 dificiencies in the project area that must be corrected | d? | | | |
| 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) | | | | |
| \bigcirc Reunion, Summer Programs etc. | | | | |
| \bigcirc Change in function of Space | | | | |
| \bigcirc 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: | / | / | |
| O Project routed to SR Staff for approval | Date: | 1 | 1 | |
| Project entered into Capital Budget Database as a Departmental Request | Date: | 1 | 1 | |

/ /

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Date:

Date:

Other: _____

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Project entered into Capital Budget Database as :_____