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

Ph. (207)786-6207

FACILITY SERVICES

Fax (207)786-6026

PROJECT REQUEST FORM

Last updated November 2, 2012

WHO IS REQUESTING THIS PROJECT?								
Todays Date:	Contact Name:		Contact Phone:	Contact E-Mail:				
Requesting Departmen	nt:							
Is this a request for an	estimate?	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:					
DESCRIBE THE PROJECT YOU ARE REQUESTING IN DETAIL:								
Building Name:			Room Number(s):					
Is this space currently	assigned to your depar	tment?	Yes O No					
Are you changing the ι	use of any exisitng spac	e? 🔘	Yes No					
	dditional information m							
FUNDING INFORMATION								
			ntal Funding (Fund #:	Org. #:)				
○ Application for Grant Seeking Donor or Gift Funding ***FACILITY SERVICES USE ONLY***								
Date Received: Routed to Operations and Maintenance: / / / RETURN COMPLETED FORM VIA:				nning and Construction:				

Elecronically:Facsimile:Inter-Departmental Mail:Scan completed form and send to:(207)786-6026Facility Services Departmentpwichros@bates.eduAttn: Pam WichroskiAttn: 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 Sa	afety)?			
Are there any planned or necessary upgrades to the building systems in the project a	rea?			
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 a	rea?			
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	ed?			
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:		/	1	
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:	/	/	