



Instruction to Project Request Form



Project Request Form

1 Requestor Information:

Name/Title: _____ Date Submitted: _____
 E-mail: _____ Extension: _____
 Requestor's Office: _____ Campus: _____

Services Requested:

Detailed Description of Work Requested (attach additional information as necessary):

2

Justification for Work Requested (attach additional information as necessary):

Location for Requested Service:

Campus: _____ Building: _____ Room: _____ Required by Date: _____

3 Type of Request (check one or more):

Renovation or Remodel Building Systems Replacement
 Utility Services (elect, water, plumbing) New Building or Facility
 Grounds and Parking Lot Improvements Utilities System
 Acquisition of Specialized Equipment IT – AV Systems/Cabling
 Furniture Other: _____

1 Project Request Form

4 Funding Source

Departmental Budget (Specify: _____) Building Fund
 Grant Renewal and Replacement
 Campus Provost Funded RFS
 Bond Facilities and Construction – Furniture

Cost Estimate (attach additional information as necessary): \$ _____

5 Board Approvals

Required Not Required

Approvals

Depart. VP: _____ Date: _____
 Provost: _____ Date: _____
 CIO/Director IT: _____ Date: _____
 VP of Fac./Const.: _____ Date: _____
 EVP/SVP: _____ Date: _____
 Chief Financial Officer: _____ Date: _____
 President: _____ Date: _____

6

Facilities & Construction Department Use Only

Received by PDC: _____ Date: _____
 Project Manager Assigned: _____ Date: _____
 Project Number / Description: _____ Date: _____

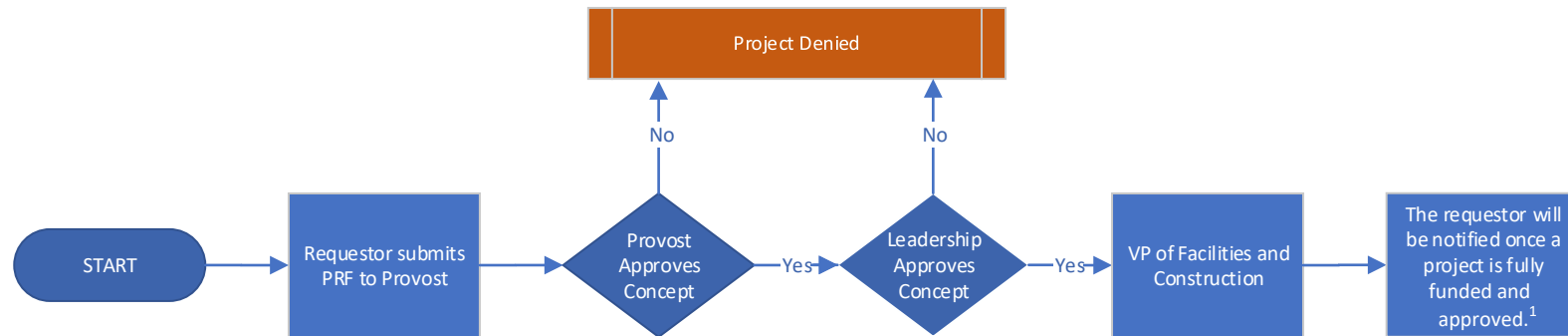
PLEASE FORWARD TO:
 The Campus Provost

Please review Instruction to Project Request Form for additional details.

1. Enter the requestor's information.
2. Provide a detailed description, scope of work, and justification for the work requested. Attach additional information, e.g., pictures, cost proposals, presentation slides, and drawings.
Note: Please combine and package all documents into one PDF file.
3. This form is intended for project requests under one of the listed categories. This form should not be used for Facilities Services or Maintenance-related requests. For all Facilities Services or Maintenance-related requests, please email: facilitiesmaintenance@collin.edu
4. Indicate funding source and provide an estimate on cost. The cost estimate may be updated during the review and approval process.
5. For Facilities and Construction use only.
6. To initiate the review process, a signature is required from the Campus Provost and Departmental VP if necessary. The Campus Provost will send to Senior Leadership, EVP/CFO/SVP, for approval. Once the concept is approved, the form is sent to the VP of Facilities & Construction for further evaluation and execution. The assigned Project Manager will contact you once the project is funded and approved.

Please remit all comments and questions to:
 Zan Tram
ztram@collin.edu

Project Request Flowchart



This procedure intends to establish a consistent process for Faculty and Staff to propose a change in the use of space, renewal, renovation, and new construction projects.

¹ Additional reviews and approvals from the District President or the Board of Trustees may be required depending on the scope and size of the project.



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Requestor Information:

Name: _____

Date: _____

E-mail: _____

Extension: _____

Requestor's Office: _____

Campus: _____

Services Requested:

Detailed Description of Work Requested (attach additional information as necessary):

Justification for Work Requested (attach additional information as necessary):

Location for Requested Service:

Campus: _____ Building: _____ Room: _____ Required by Date: _____

Type of Request (check one or more):

- | | |
|--|---|
| <input type="checkbox"/> Renovation or Remodel | <input type="checkbox"/> Building Systems Replacement |
| <input type="checkbox"/> Utility Services (elect, water, plumbing) | <input type="checkbox"/> New Building or Facility |
| <input type="checkbox"/> Grounds and Parking Lot Improvements | <input type="checkbox"/> New Program Implementation |
| <input type="checkbox"/> Acquisition of Specialized Equipment | <input type="checkbox"/> IT Systems (new power) |
| <input type="checkbox"/> Furniture (power, lighting, and etc.) | <input type="checkbox"/> Other: _____ |

Funding Source

- | | |
|---|--|
| <input type="checkbox"/> Departmental Budget (Specify: _____) | <input type="checkbox"/> Building Fund |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Renewal and Replacement |
| <input type="checkbox"/> Campus Provost Funded | <input type="checkbox"/> RFS |
| <input type="checkbox"/> Bond | <input type="checkbox"/> Facilities and Construction |

Cost Estimate (attach additional information as necessary): \$ _____

Board Approvals

- Required Not Required

Approvals

Depart. VP: _____	Date: _____
Provost: _____	Date: _____
CIO/Director IT: _____	Date: _____
VP of Fac. Const.: _____	Date: _____
EVP/SVP: _____	Date: _____
Chief Financial Officer: _____	Date: _____
President: _____	Date: _____

Facilities & Construction Department Use Only

Received by PDC: _____	Date: _____
Project Manager Assigned: _____	Date: _____
Project Number / Description: _____	Date: _____

PLEASE FORWARD TO:

Departmental Dean for approval and
review with the Campus Provost