

PROJECT REQUEST FORM

UNIVERSITY OF CINCINNATI
Division of Administration and Finance

For Division of Administration and Finance Use ONLY:

Project Number: _____

Date Assigned: _____

By: _____

1 GENERAL INFORMATION

Original Request

Revised Request

College/Department: _____

Project Client/Advocate: _____

Person Preparing Request: _____

Preparer's Phone: _____

Preparer's Mail Location: _____

Date _____

2 PROGRAM/PLANNING INFORMATION:

Building/Location: _____

Floor(s): _____

Room(s): _____

Existing Use: _____

Proposed Use: _____

Existing Area (SF): _____

Proposed Area (SF): _____

Will Temporary Relocation Be Necessary? Yes No

Request Estimate Only: Yes No

Desired Completion/Occupancy Date: _____

3 PROJECT DESCRIPTION: (What is required and why is it required?) - Attach additional material/equipment requirements if necessary.

4 MATERIAL/USE INFORMATION: (If applicable for existing or proposed space). List known requirements or hazards (Biological, Chemical, Radiation, ADA, OSHA, IH&S, Ucit, or other). Attach additional material/equipment information if necessary.

5 FUNDING SOURCE:

Do you have an estimated cost or budget? Yes No

What is your estimated cost or budget? _____

Source: State

Dept (Local)

RMI

Other

Which items in #4 are included in the estimate? _____

Fund Number (if known) _____

Fund Name (if known) _____

Are temporary relocation costs included in the estimate? Yes No

6 APPROVALS:

Business Manager: _____

Date: _____

Department Head: _____

Date: _____

Other: _____

Date: _____

V.P./Provost: _____

Date: _____

7 SUBMIT COMPLETED FORM TO: Mark Sweigart, Planning+Design+Construction, ML 0186

For further questions regarding completion of this form please call 556-5200

For Division of Administration and Finance Use ONLY:

Project Title: _____

Abbreviated Title: _____

Asset/Bldg Name: _____

Asset/Bldg #: _____

Dept. Assigned: _____

Dept: _____

Assigned To: _____

Resource: _____