GENERAL INFORMATION:
College/Department: ____________________________________________________________
Project Client/Advocate: ____________________________ Person Preparing Request: ____________________________ Date: __________
Preparer's Phone: ____________________________ Preparer's Mail Location: ____________________________

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 ____________________________

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

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

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 ☐

APPROVALS:
Business Manager ____________________________ Date: __________
Department Head ____________________________ Date: __________
Other ____________________________ Date: __________
V.P./Provost ____________________________ Date: __________

SUBMIT COMPLETED FORMS TO: Kit Pearson, Construction Management Department. ML 0181.
For further questions regarding completion of this form please call 556-6804.

For Division of the University Architect Use ONLY:
UC Project Number: __________ Date Project Number Assigned __________ By: __________
Acknowledgement Sent __________
Project Title: ___________________________________________________________________
Abbreviated Title: ___________________________________________________________________
Location (from #2 above): ___________________________________________________________________
Building Number (if applicable): ___________________________________________________________________
Program Statement (PS): ☐ Required ☐ Not Required
Design Review (DR): ☐ Required ☐ Not Required Approved
Budget Review (BR): ☐ Required ☐ Not Required V.P./Provost ____________________________

See Project Request Form Guidelines and/or call 556-5200 for any questions regarding this form.