

**Facilities Planning & Management Department Project Intake Form**

**PROJECT NUMBER:** *[FM #, Project #, Fiscal Year]*

**PROJECT TITLE:** *[FPM to enter project name]*

**PROJECT SPONSOR:** *[FPM to enter sponsoring department]*

**SPONSOR CONTACT:** *[FPM to enter names of authorized client representative]*

**FPM PROJECT COORDINATOR** *[FPM project intake committee will assign staff]*

**FPM PROJECT MANAGER** *[FPM project intake committee will name manager of staff]*

**PROJECT INTAKE DATE:** *XX/XX/XXXX*

**SECTION I – Client Statement of Need Including Current Use and Conditions [Client to complete]**

The College of **XXX** has received **...** To **do Y.**

The department seeks **[insert description of work]**

The project schedule **[insert schedule and constraints on schedule]**

**[Insert floor plans, drawings, and photos from site visit {see the last page of this document for examples}]**

*[Insert Green book floor plans and photos from site visit]*

For a non-maintenance project, the department requires (check all that apply):

- Capital Planning services to provide a rough order of magnitude (ROM) cost estimate to form the basis of a budget request of the University
- Designs, specifications, and engineers/architects cost estimate ready for permitting  
**Chartfield string with complete funding XXXXX-XXXXX-XXXX**
- Permitting, inspection and construction  
**Chartfield string with complete funding required XXXXX-XXXXX-XXXX**

Signatures below indicate approval of the Client’s Statement of Need. The project approach will adequately meet the needs of the department.

|  |                   |                  |             |
|--|-------------------|------------------|-------------|
| Project Sponsor/Client:                |                   |                  |             |
|  | <i>Print name</i> | <i>Signature</i> | <i>Date</i> |
| Sponsor’s Executive Director/Dean:     |                   |                  |             |
|  | <i>Print name</i> | <i>Signature</i> | <i>Date</i> |
| AA Capital Project Specialist:         |                   |                  |             |
|  | <i>Print name</i> | <i>Signature</i> | <i>Date</i> |
| Academic Resources Executive Director: |                   |                  |             |
|  | <i>Print name</i> | <i>Signature</i> | <i>Date</i> |
| Sponsor’s Provost/VP:                  |                   |                  |             |
|  | <i>Print name</i> | <i>Signature</i> | <i>Date</i> |

**SECTION II** – This request for information for Comprehensive Owner’s Project Requirements. FP&M Requires a written response to the questions and considerations No Later Than [Date] to meet the client’s schedule.

FP&M encourages **the Client** to consider the following topic areas for any scope project requirements that are not yet included. If the client wishes to be guided through evaluating these considerations FPM can assist.

|  |   |
|--|---|
| Aesthetics (Interior, Exterior Design & Landscaping) | Audio/Visual  |
| Deferred Maintenance backlog at this Facility        | Utilities-Electrical, HVAC, Plumbing  |
| Constructability                                     | Remove old light fixtures install new LED light fixtures                        |
| Environmental Quality & Sustainability               | Remove/replace Furniture, cabinetry, etc  |
| Fire & Life Safety                                   | Paint walls to match interior paint in building                                 |
| Operations and Maintenance                           | Removing old ceiling tiles, install new ceiling tiles                           |
| Restrictions and Limitations                         | Verification of field conditions  |
| Structural, Vibration, & Seismic                     | Specialty reports and reviews by 3 <sup>rd</sup> Parties                        |
| EH&S conceptual project review                       | Installation of risk and safety free materials                                  |
| Permits and required submittals                      | SFM & IOR Inspections, Reviews, & Approvals                                     |
| Codes, Accessibility, and Energy Efficiency          | ADA, and Building code standards  |
| Parking, Transportation, & Accessibility             | ATI Reviews and Approvals   |
| Equipment & Systems                                  | Upgrade swipe card readers/locks  |
| Security   | Coordination with Police, & IT for Cameras                                      |
| Room Type and Occupancy Codes & Requirements         | Accuracy of Space and Facilities Database and Academic Planning Database (SFDB) |

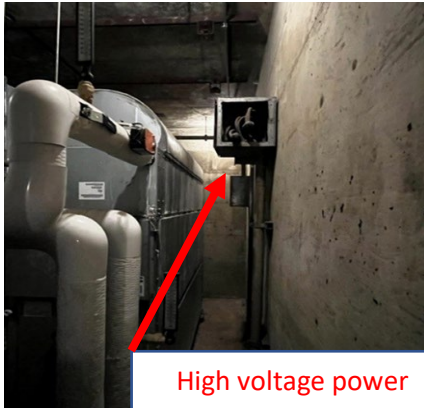
## SECTION I EXAMPLE SHEET

**Please include photo/drawings/layouts of work area that will be affected, improved, modified, and or renovated.**

Estimate for removing cabinets and equipment from Lab (Building XXX -XXXX) to Building XXX -XXXX. Estimate for hubs and cable installation in room XXX-XXXX. Estimate for installation of a mechanical window XXX-XXXX.

X Department, in Building XXX would like to reconfigure the desk and storage area in Room XXXX. The room currently has two admin overlooking 12-16 student workers in the Room (XXXX). The goal is to reconfigure the storage space with tall open shelving, cabinets, a kitchen frig, and "L" shaped desk giving the desk its own space not near the working students.

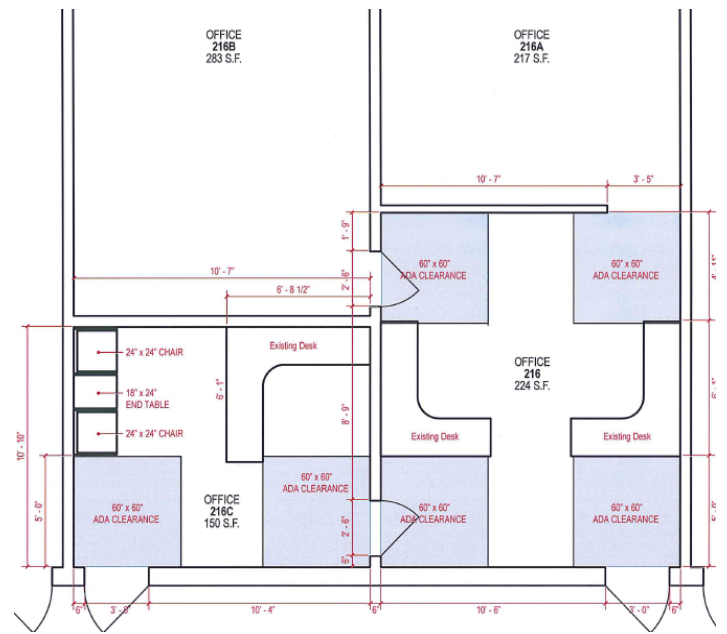
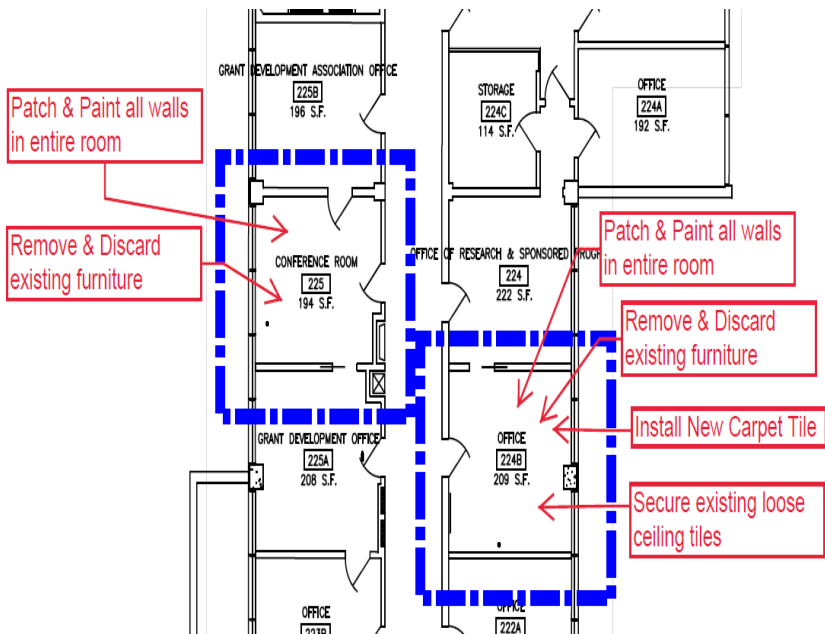
Space to be modified **new doors, walls, lighting, ceiling, acoustical ceiling tiles, etc.** New Equipment **Architecture or Engineering required or both.** Use of Space **Classroom to Conference, Office to Lab** Other **Carpet and Paint, purchase and install new furniture.**



**High voltage power panel requires metal**



(Current Conditons XXX-XXXX)



Furniture Layouts must meet all Building Code and ADA requirements.