



PROJECT INITIATION FORM
FACILITIES MANAGEMENT
CALIFORNIA STATE UNIVERSITY, SACRAMENTO

Request Date

Requestor

Requestor Name

Requestor Phone #

Requestor E-mail

Requestor Department

Project Info

Building Name(s) / Abbreviation

Room #(s) / Project Area

Primary Function / Current Use of Space

Proposed Function / Use of New/Renovated Space

Project Type

Renovation/Refurbishment

Site/Landscape

Furnishings/Equipment

Feasibility Study

New Construction/Addition

Estimate Only

Building Exterior/Roof

Grant Planning

Other (please specify)

Scope

Desired Completion Date

Please select any potential scheduling issues below (if applicable)

Semester/End

Time of Day

Fiscal Year End

Other (please specify)

Semester Break

Funding

Chartstring / Speedtype *

Department ID

Fund Code

Class Code - *If Applicable*

Speedtype

* Project setup requires a \$500 assessment fee to evaluate project feasibility prior to project initiation.

Please email completed form to Facilities Management Customer Service at fm-work1@csus.edu to initiate work order for your project request.