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
- ☐ Furnishings/Equipment
- ☐ New Construction/Addition
- ☐ Building Exterior/Roof
- ☐ Other (please specify)
- ☐ Site/Landscape
- ☐ Feasibility Study
- ☐ Estimate Only
- ☐ Grant Planning

Scope

Desired Completion Date

Please select any potential scheduling issues below (if applicable)

- ☐ Semester/End
- ☐ Fiscal Year End
- ☐ Semester Break
- ☐ Time of Day
- ☐ Other (please specify)

Funding

Speedtype / Chartstring

Funding Source

☐ UBAC/President ☐ Department/Division ☐ Self-Support

☐ Chancellor's Office ☐ Central Reserves

Available Funds

Department Approval

Department Approver Name

Department Approver Phone #

Department Approver E-mail

Department Approver Signature

X

Date:

Click here to submit form via email: Email

For Internal Facilities Use Only

Work Order #

Trades

- ☐ Custodial
- ☐ Drafting
- ☐ Electrical
- ☐ Engineers
- ☐ Estimator
- ☐ Grounds
- ☐ Lock Shop
- ☐ Metal Shop
- ☐ Moving Services
- ☐ Multicraft
- ☐ Painters
- ☐ Plumbers

Other Departments

Additional Comments