



SACRAMENTO
STATE

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	

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