

Merced College Project Request Form

Work Order #: _____
(Assigned by Facilities Management)

All facility modifications require appropriate planning and funding. This form must be completed to authorize and coordinate facility projects. A final project scope, schedule, and project cost estimate will be provided for review and approval.

NO WORK MAY COMMENCE WITHOUT A FULLY EXECUTED PROJECT REQUEST FORM.

Please call the Facilities Department (X6079) with any questions.

Section 1: Project Description/Request for Estimate

Date of Request: _____ Building/Facility: _____ Room: _____

Requesting Department: _____ Requestors Name: _____ Ext.: _____

Project Description: _____

Requestor (Manager/Dean/Director): _____ Approval to Request Estimate: _____

Department Signature _____ Date _____ VP Approval _____ Date _____

(Requestor to complete Section 1 and forward to: maintenance@mccd.edu)

Section 2: Facilities Management Project Estimate

Scope of Work: _____

Work to be completed: In House _____ Outside Vendor(s) _____ Other: _____

Estimated Total Project Cost: \$ _____ Estimate Effective Until: _____ Est. Proj. Duration: _____

Required Approvals: _____

Requesting Dept. VP _____ Director of Facilities Management _____ FMPC Committee _____ Other: _____

Coordinator: _____ Director of Facilities Management: _____

Signature _____ Date _____ Signature _____ Date _____

(Director of Facilities Management will complete Section 2 and forward via email to requestor for approval)

Section 3: Project Approval by Requesting Division

Are funds available to support this project? Yes _____ Budget # _____

No _____

Director of Business Services _____ Date _____

Requestor Signature _____ Date _____ FMPC Committee Approval Date: _____

(Requestor to complete Section 3 and forward to: maintenance@mccd.edu)

This section will be completed by the Facilities Management Department

Section 4: Completion/Close Out

Project Start Date: _____	Project Completion Date: _____
Project Manager: _____	Final Project Cost: \$ _____
Facilities Manager Sig. _____	Date _____

DSA Final Approval: _____	Project Closed Date: _____
Board Final Acceptance Date (if necessary): _____	
Facilities Manager Sig. _____	Date _____