SUNY Cobleskill Project Request Form

STEP 1: PROJECT DESCRIPTION & REQUEST (to be filled out by requesting Department)

Building/Facility _____ Room _____

Project Title _____

Check Applicable

☐ Program Enhancement   ☐ Safety
☐ Return on Investment   ☐ Accessibility
☐ Energy Conservation   ☐ Asset Preservation (Maintaining Existing Condition)
☐ Change of Use   ☐ Other

If Change of Use, list current/proposed uses _____

Project Impact Duration   ☐ Permanent Improvement   ☐ Temporary Improvement

Additional Comments/Restrictions _____

Requested Completion Date _____

Justification for Completion Date (attach additional sheets if necessary) _____

Project Request Attachements (Please provide the following / 1 page max per attachement)

	Submission	Included
Justification Statement (address the Needs, Justifications and Impacts)	Required	Yes / No
Departmental /Divisional Business Plan (if any)	Preferred	Yes / No
Supporting Data / Statistics (if any)	Preferred	Yes / No
Sketches / Drawings / Graphics	Required	Yes / No

Project Request Approval (Required for Project Consideration)

_____   _____
Requesting Department / Division   Acct. # for Funding of Investigations Fund/Org/Program

Project Request Contact   **Divisional Approval of Project Request**
Person who will be Departmental Daily Contact   Divisional VP or Director reporting to the President

_____   _____
Requestor Name (Type or Print Legibly)   Approvers Name (type or print legibly)

_____   _____
Requestor Signature   Date   Approvers Signature   Date

(Division to forward to the Director of Facilities Management at the Physical Plant, Mackey Service Complex)

STEP 2: ADMINISTRATIVE REVIEW	**STEP 3: PHYSICAL PLANT REVIEW**
(To be filled out by Administration)	(to be filled out by Physical Plant)

STEP 2: ADMINISTRATIVE REVIEW

Project Priority (circle one)

High   Medium   Low   Denied   Emergency

Approved By _____ Date _____

Signed _____

Cost Estimate _____
Estimated time to complete _____
Change of Occupancy/Classification   Yes / No

Facilities Recommendations/Comments _____

STEP 3: PHYSICAL PLANT REVIEW

Physical Plant Comments:

Date Received: _____

Name of Reviewer

	SUNY	DASNY	
Engineered Documents Required			Yes / No
Consultant / Feasibility Study			Yes / No
Building Permit Required			Yes / No