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| **FACILITY SERVICES** | | | |
| **PLANNING, DESIGN, & CONSTRUCTION** | | | |
| **PROJECT INITIATION FORM** | | | |
|  |  |  |  |

****To initiate a project with Facility Services (FS), please provide the following information. Upon receipt/review of a signed Project Initiation, (FS#90A), a Project Manager will be assigned to coordinate with you on the development of a project scope, schedule and budget. All fields must be complete, and all signatures must be obtained.

|  |  |
| --- | --- |
| **REQUESTER INFO:** | |
| Requester Name: |  |
| Phone: |  |
| Email: |  |
| Department: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT INFO:** | | | | |
| Building/Pkg Lot/Area: | |  | | |
| Desired Completion Date: | |  | | |
| Project Justification: | |  | | |
| Preliminary Project Scope of Work: | |  | | |
| Does Scope include a change of occupancy/use? If so, explain. | | Please select one: Yes  No    Has this change been approved by Space Committee? Yes  No | | |
| How will this project be funded? | |  | | |
| What is your targeted/expected budget for this project? | | If you are uncertain, please select a range: □ Less than $25,000 □ $25,000 – $100,000 □ $100,000 - $500,000 □ Over $500,000 | | |
| **SUBMITTED BY:** | | | | |
| Requester: | Signed: | | | Date: |
|  | Printed: | | Title: | |
| Dean/Director: | Signed: | | | Date: |
|  | Printed: | | Title: | |
| VP/Provost: | Signed: | | | Date: |
|  | Printed: | | Title: | |

**Please return the signed form via email to** [**stephanie.bauer@nau.edu**](mailto:stephanie.bauer@nau.edu) **or mail to PO Box 6016, Attention: Stephanie Bauer.**