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

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

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| **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** **or mail to PO Box 6016, Attention: Stephanie Bauer.**