**STATE UNIVERSITY OF NEW YORK**
**DOWNSTATE MEDICAL CENTER**
**FACILITIES MANAGEMENT & DEVELOPMENT**

For construction, renovations and equipment installations
This does not include maintenance or repairs for which the
white FM&D Work Order Form should be filled out and
forwarded to FM&D in the Basement, Box B-6 or Fax
to 2803

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### 1. PROJECT TITLE
(Including Building Name) _________________________________________________

### 2. Department: ___________________________
Building: ________
Room:            ___________________________
Floor:    __________
Contact:         ___________________________
Extension: ________
Room: ________

### 3. 3.1 Scope of Work requested in detail:
(If necessary attach additional sheet)

3.2 Code Requirement: _______________________________________________________  

3.3 CON Requirement: _______________________________________________________  

3.4 Reason for Request: ____________________________________________________  

3.5 Contingency Factors: Is the initiation of this project contingent upon some other project?
Yes: ______  No: ______  If Yes, Explain: ________________________________________

3.6 RELATED PROJECTS

   a) Are other projects anticipated in this area in the next five years or being programmed, designed or
constructed now?
   Yes: _____  No: _____  If Yes, Explain: _______________________________________

   b) Will other projects be required as a direct result of initiating or completing this project?
   Yes: _____  No: _____  If Yes, Explain: _______________________________________

   c) Will projects create scheduling, relocation swing space or coordination problems?
   Yes: _____  No: _____  If Yes, Explain:

### 4. This project is chargeable to the following Fund No. _____________________________

### 5. For Construction Projects, furniture or equipment required but not included in above work:
_______________________________________________________________________________________

### 6. Routing of request:

6.1 Prepared by: ___________________  Phone Extension: _______  Date: _________

6.2 Department Head (Approval): _____________________________  Date: _________

6.3 Chairman/V.P. (Approval): _____________________________  Date: _________

6.4 FM&D Department: _____________________________  Date: _________

### 7. SPACE BELOW FOR FM&D USE ONLY:

<table>
<thead>
<tr>
<th>Estimate:</th>
<th>Date:</th>
<th>File:</th>
<th>Manager:</th>
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<td>Action:</td>
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By: Construction  Plant  Maintenance  Others  Approval

7.1 Budget Estimate  7.2 Firm Estimate  7.3 Working Drawing and Specifications  7.4 Proceed with Projects

PREPARED BY: OFFICE OF FACILITIES MANAGEMENT & DEVELOPMENT