

FM&D-1 PROJECT REQUEST FORM

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 Faxed to 2803
1. PROJECT TITLE (Including Building Name) _____	
2. Department: _____ Room: _____ Contact: _____	Building: _____ Floor: _____ 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:	
Estimate: _____ Date: _____ File: _____ Manager: _____	
Action: _____	
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