

FMD-1 PROJECT REQUEST FORM

SUNY Downstate Health Sciences University
Facilities Management & Development

For construction, renovations and new equipment installations.

1.0) Describe Project

2.0) Requestor Information

Department: _____

Name: _____ Title: _____

Email: _____ Extension: _____

Please identify the current and proposed spaces for this project. If not known, enter "TBD".

3.0) Project Location

Building Name: _____ Floor Number(s): _____ Room #(s): _____

Current Occupant: _____

4.0) Scope of Work (Describe request in detail, If required attach additional sheet):

4.1) Reason for Request: _____

4.2) Is the initiation of this project contingent upon some other project? Yes: ☐ No: ☐

If Yes, please explain:

5.0) Funding and Budget Information

Account Number: _____

Account Authorized
by: _____

Project Cost not to
exceed: _____

6.0) Routing of request:

6.1 Submitted by:

Name	Title	Signature	Date
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6.2 Department Administrator (Approval):

Name	Title	Signature	Date
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6.3 V.P./Chairman/Department Head (Approval):

Name	Title	Signature	Date
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7.0) FM&D Review:

Date Received: _____ Review: _____

Recommended for:

Design: ☐ In-House ☐ Consultant

Construction: ☐ In-House ☐ Contractor

8.0) University Administration Review

Name	Title	Signature	Date
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Proceed with Project: ☐ Approved ☐ Not Approved