



*PD&C Assigned Project:*

# PROJECT AUTHORIZATION FORM

Name \_\_\_\_\_  
 Number \_\_\_\_\_

## APPROVAL / AUTHORIZATION

The Client agrees to fund the project as described in this form. Campus Facilities Management has provided a total Project Cost Summary based on an understanding of the work at this stage. As work becomes more clearly defined, CFM will amend the PCS and resubmit to the Client for approval. Work will commence once the Client agrees that the scope of work and cost is in alignment with their budget and needs.

**Funding Identified** \_\_\_\_\_ **Mo Code** \_\_\_\_\_

**Fiscal Officer** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Academic Dean or Unit Leader** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## PROJECT INFORMATION

**Client Contact Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Project Requested By** \_\_\_\_\_

**Department** \_\_\_\_\_ **Bldg.** \_\_\_\_\_ **Floor(s)** \_\_\_\_\_ **Room(s)** \_\_\_\_\_

**Project Address** \_\_\_\_\_

**Does Space Belong to the Department?**  Yes  No

**Service(s) Requested**

Study  Design  Construction  Estimate  Consultation  Asbestos Abatement  Other

**Project Delivery Method**

In-House  Job Order Contracting  Design Bid Build  Design Build  Purchase Order  
 Construction Manager at Risk  Other

**Total Project Budget (Not To Exceed)** \$ \_\_\_\_\_

**Start Date (Required)** \_\_\_\_\_ **Completion Date (Required)** \_\_\_\_\_



## PROJECT AUTHORIZATION FORM

### Scope by Category & Discipline

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|--|--|
| <input type="checkbox"/> Hazardous Materials                     | <input type="checkbox"/> Survey / Mapping            |
| <input type="checkbox"/> Geotechnical                            | <input type="checkbox"/> Civil                       |
| <input type="checkbox"/> Site / Landscape                        | <input type="checkbox"/> Structural                  |
| <input type="checkbox"/> Architectural                           | <input type="checkbox"/> Interior                    |
| <input type="checkbox"/> Finishes                                | <input type="checkbox"/> Equipment                   |
| <input type="checkbox"/> Furnishings                             | <input type="checkbox"/> Furniture                   |
| <input type="checkbox"/> Fire Protection / Suppression           | <input type="checkbox"/> Plumbing                    |
| <input type="checkbox"/> Heating, Ventilation & Air Conditioning | <input type="checkbox"/> Electrical                  |
| <input type="checkbox"/> Lighting                                | <input type="checkbox"/> IT / AV / Network / Telecom |
| <input type="checkbox"/> Security / Access Control               | <input type="checkbox"/> Other                       |

### **Special Scheduling Requirements**

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### **Project Justification**

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### **Project Description**

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