

### FACILITIES PLANNING & PLANT OPERATIONS PROJECT REQUEST FORM

All facility modifications require appropriate planning and funding. This form must be completed to authorize and coordinate facility projects at Cabrillo College. Upon submitting this form, a representative from FP&PO will contact you to verify the project scope and schedule. A final project scope, schedule, and budgetary project cost estimate will be provided for review and approval. **NO WORK MAY COMMENCE WITHOUT A FULLY EXECUTED PROJECT AUTHORIZATION FORM.** Please call the FP&PO Help Desk (x6465) with questions.

#### SECTION I – Project Description / Request for Estimate

Date of Request: \_\_\_\_\_ Building / Facility: \_\_\_\_\_ Room: \_\_\_\_\_

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Department: \_\_\_\_\_ Requestors Name: \_\_\_\_\_ Ext. \_\_\_\_\_

Requestor: \_\_\_\_\_ Approval to Request Estimate: \_\_\_\_\_

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_ Requesting Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Requestor to Complete Section I and Forward to FacilitiesHelpDesk@cabrillo.edu for Estimate

#### SECTION II – FP&PO Project Estimate

Scope of Work : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work to be completed:  In House  By Outside Vendor(s)  Other \_\_\_\_\_

Estimated Total Project Cost: \$ \_\_\_\_\_ Estimate Effective Until: \_\_\_\_\_ Estimated Project Duration: \_\_\_\_\_

Required Approvals: (all checked boxes require approval in section III in order to proceed)

Requesting Division  Facilities & Planning Committee  Board  Cabinet  CPC

FP&PO Approval: \_\_\_\_\_ FP&PO Approval: \_\_\_\_\_

Help Desk Signature \_\_\_\_\_ Date \_\_\_\_\_ Director of FP&PO Signature \_\_\_\_\_ Date \_\_\_\_\_

FP&PO to Complete Section II and Forward to the Requestor for Approval

#### SECTION III – Project Approval by Requesting Division

Are funds available to support this project?  Yes Budget # \_\_\_\_\_ Funding Available: \$ \_\_\_\_\_  
 No

Authorization to Continue (as per Section II above):

Requesting Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Facilities & Planning Committee Approval Date: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_ Cabinet Approval Date: \_\_\_\_\_ CPC Approval Date: \_\_\_\_\_

Requestor to Complete Section II and Forward to FacilitiesHelpDesk@cabrillo.edu for Scheduling

#### SECTION IV – Completion / Close Out

Project Start Date: _____ Project Manager: _____
Project Completion Date: _____ Final Project Cost: \$ _____
Facilities Project Mgr. Signature _____ Date _____

DSA Final Approval Date: _____ Project Closed Date: _____
Board Final Acceptance Date: _____
Director of Facilities Signature _____ Date _____