PROJECT REQUEST FORM INSTRUCTIONS

BGSU
OFFICE OF CAPITAL PLANNING
PROJECT REQUEST FORM

PLEASE DO NOT FILL IN THIS AREA OF THE FORM

This form is used to initiate the planning process required for construction and renovation project approval at BGSU.

Name of requesting Department: _____ Department Contact: _____
Building/area for proposed project: _____ Contact Telephone: _____
Room number(s)/name(s): _____ Contact e-mail: _____

Your view of special requirements, considerations, challenges, and proposed date of completion for the requested project. Please attach any additional supporting documents you may have. Projects $1M and over will require BOT approval.

Objective of project (what the completed project is intended to accomplish):

Relationship to other projects, existing or proposed (include sequencing requirements):

Preliminary Cost Estimate (requestor) $ _____ Prepared by (source): _____

Funding source: _____ Name and dept/fund to be charged: _____
(required field for locally funded projects)

Department Head Requesting Planning — Printed Name — Date

Dean or Vice President's Approval to Proceed with Project Planning — Printed Name — Date

UPON OBTAINING THE ABOVE SIGNATURES, FORWARD THIS FORM TO THE OFFICE OF CAPITAL PLANNING

OFFICE OF CAPITAL PLANNING / DESIGN AND CONSTRUCTION USE ONLY

PLEASE DO NOT FILL IN THIS AREA OF THE FORM

Office of Capital Planning 601 Administration Building Bowling Green, OH 43403-0134
Office: (419) 372-8591 Fax: (419) 372-0331

Requestor's Information

Project Information
Please provide as much detail about your Project as possible

Objective of Project
Describe what the Project is to accomplish and the consequences if not completed

Related Projects
Where sequencing or coordinating with other projects is a priority

Preliminary Estimate
Provide any estimates you may already have or what you think the cost will be. Leave blank if unsure.

Funding Source
State, Local or Other

Department/Fund
If the Funding Source is "Local", the Department/Fund must be identified before a project can move forward

Approvals for Planning
Signatures from the Department Head/Chair and Dean/Vice President is required before submitting form to Capital Planning

Print Clear

BGSU

OFFICE OF CAPITAL PLANNING

PROJECT REQUEST FORM

CAPITAL PLANNING USE ONLY	
REQUEST TRACKING NUMBER	
RECORDED IN DATA BASE / E-MAILED	
ADDED TO PROJECT BOARD	
ASSIGNED FOR PLANNING	
SENT TO VP FINANCE & ADMIN.	
PROJECT ASSIGNED TO ODC	
PROJECT COMPLETION DATE	

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Building/area for proposed project:_____

Room number(s)/name(s):_____

Department Contact: _____

Contact Telephone: _____

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(required field for locally funded projects)

_____
Department Head Requesting Planning Printed Name Date

_____
Dean or Vice President's Approval to Proceed with Project Planning Printed Name Date

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TOTAL BUDGET ESTIMATE $
CONSTRUCTION $ CONTINGENCY $ A/E FEES $ ADMINISTRATION FEE $
FUNDING SOURCE: **ESTIMATED PROJECT SCHEDULE**:

_____
Dean or VP's Review of Program Statement and Approval To Proceed with Project Date

_____
Vice President, Finance and Administration - Approval to Proceed Date

_____
Asst. VP of Capital Planning - Approval To Forward to The Office of Design and Construction Date

_____
Project Name Project Number Date Funding Encumbered

_____
University Architect Approval Date Project Manager Assigned

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