



Project Initiation Form

This form is for projects only. All maintenance requests must be submitted through the Physical Plant's legacy webpage. Instructions: Please complete ALL sections. Return fully completed and signed to the Physical Plant at umwoc@montevallo.edu.

I. Requester Information

College/Office: _____
 Department: _____
 Contact Name(s): _____
 Office Phone: _____ Fax: _____
 Cell / Alt. Number: _____ Email: _____

II. Project Information

- | | | |
|--|---|--|
| <input type="checkbox"/> ADDT'L SPACE / RELOCATION | <input type="checkbox"/> FURNISHINGS / EQUIP. | <input type="checkbox"/> SECURITY / ACCESS |
| <input type="checkbox"/> NEW BLDG / ADDITION | <input type="checkbox"/> RENOVATION / REFURBISHMENT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> LANDSCAPE/SITE/OUTDOOR LIGHTING | <input type="checkbox"/> ELECTRICAL / DATA | _____ |

Building/Site Name: _____ Room #(s)/Area: _____

Project Description (be detailed and attach plans, sketches, specifications, or any other additional information as relevant):

III. Schedule Requirements / Critical Dates

(No commitments will be made regarding any dates until after the project has been fully scoped, estimated, and funded)

Critical Factors:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> SEMESTER START/END | <input type="checkbox"/> END OF FY/CY | <input type="checkbox"/> GRANT/FUNDING | <input type="checkbox"/> NEW EMPLOYEE |
| <input type="checkbox"/> SAFETY/SECURITY | <input type="checkbox"/> EVENT/CEREMONY | <input type="checkbox"/> EQUIPMENT INSTALL | <input type="checkbox"/> OTHER |

Constraints: _____

Critical Dates: _____

(Rather than listing "ASAP" above, please briefly list any specific reasons for an expedited handling of your project)

IV. Project Funding

Funds Available:

- YES - BUDGET # _____ - _____ NO

Funding Source:

- COLLEGE/DEPT FACILITIES/R&R FED./GRANT OTHER

Funding Range:

- | | | | | |
|--|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ESTIMATE ONLY | <input type="checkbox"/> 1,000-10k | <input type="checkbox"/> 10,000-25k | <input type="checkbox"/> 25,000-50k | <input type="checkbox"/> 50,000-100k |
| <input type="checkbox"/> 100k-250k | <input type="checkbox"/> 250k-500k | <input type="checkbox"/> 500k-750k | <input type="checkbox"/> 750k-1M | <input type="checkbox"/> OVER 1M |

V. Project Approvals

Dean/Director Approval Signature: _____ Date: _____

VP Approval Signature: _____ Date: _____

PHYSICAL PLANT USE ONLY

Date Received: _____ If incomplete, Date Returned: _____ / _____
 (returned to requester) (back to Physical Plant)

Date Entered: _____ Entered into Project Database By: _____

Project Number: _____ Notes: _____