



# Project Initiation Form

This form is for projects only. Maintenance requests must be submitted through [montevallo.edu/workrequest](http://montevallo.edu/workrequest)  
Instructions: Please complete ALL sections. Return fully completed and signed to the Physical Plant at [umwoc@montevallo.edu](mailto:umwoc@montevallo.edu).

## I. Requester Information

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

## II. Project Information

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD'L SPACE / RELOCATION        | <input type="checkbox"/> FURNISHINGS / EQUIP.          | <input type="checkbox"/> SECURITY / ACCESS |
| <input type="checkbox"/> NEW BLDG / ADDITION             | <input type="checkbox"/> RENOVATION /<br>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: \_\_\_\_\_