

FACILITIES MANAGEMENT SERVICES

## PROJECT INITIATION FORM

**INSTRUCTIONS PART I: Please complete sections I thru V; submit the fully completed & signed PIF to Facilities Management at [facilities-pif@wright.edu](mailto:facilities-pif@wright.edu) (To verify receipt of your PIF, please contact Kathy Warden at (937) 775-2587 or at [kathy.warden@wright.edu](mailto:kathy.warden@wright.edu).)**

### I. Requestor Information:

Project Sponsor: (VP/Dean or Equivalent)

Name:

Email:

College/Office:

Tel. Number:

Department:

Fax. Number:

Project Liaison: (Optional)

Name:

Email:

College/Office:

Tel. Number:

Department:

Fax. Number:

### II. Project Information:

Project Description (Be as detailed as possible, attach drawings, specifications or any other relevant information.)

Please check all boxes that apply

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Study / Program      | <input type="checkbox"/> Additional Space / Relocation | <input type="checkbox"/> Furnishings / Equip.  | <input type="checkbox"/> Electrical / Data |
| <input type="checkbox"/> Design Only          | <input type="checkbox"/> Renovation / Refurbishment    | <input type="checkbox"/> Bldg. Envelope / Roof | <input type="checkbox"/> Repair / Maint.   |
| <input type="checkbox"/> New Bldg. / Addition | <input type="checkbox"/> HVAC / Plumbing               | <input type="checkbox"/> Landscape / Site      | <input type="checkbox"/> Security / Access |

Building / Site Name: \_\_\_\_\_

Room Number(s) / Area \_\_\_\_\_

Check Box if These Apply: ☐ Maint. Work Order Previously Submitted ☐ Insurance / Damage Claim Involved

### III. Schedule Requirements / Critical Dates:

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

Critical Factors: ☐ Semester Start / End ☐ End of FY /CY ☐ Grant /Funding ☐ Other  
☐ Safety / Security ☐ Event / Ceremony ☐ New Employee ☐

Critical Dates (be specific): \_\_\_\_\_

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

### IV. Project Funding:

Funding Source: ☐ College / Dept. ☐ Facilities / R&R ☐ Grant /Gift ☐ Other:

Funding Range: ☐ Estimate Only ☐ < 50k ☐ 50k – 200k ☐ 200k - 500k ☐ > 500k  
(If Known)

Will Additional operating expenses be required? Yes ☐ No ☐ if so, how will they be funded? \_\_\_\_\_

### V. Project Initiation Request

Form Prepared / Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Requesting Dean / VP / AVP / Printed Name: \_\_\_\_\_  
Requesting Dean / VP / AVP / Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date PIF Received: \_\_\_\_\_ Date(s) Returned: \_\_\_\_\_ / \_\_\_\_\_  
(Returned to Customer) (Back to Facilities)

## Project Initiation Form – Cont'd

### VI. **Project Estimate:**

(Attach any Contractor Quotes)

Estimated Cost Breakdown	
Architectural, Movers, Locks, Signs	
Mechanical, HVAC, Plumbing, Fire Suppression	
Electrical	
CaTS	
Furniture/Equipment	
Design Fees	
Permit Fees	
Contingency	
<b>Total Estimated Project Cost:</b>	

**INSTRUCTIONS PART II:** After you have received the estimated project cost please complete sections VII and VIII; re-submit the fully completed & signed PIF to Facilities Management at [facilities-pif@wright.edu](mailto:facilities-pif@wright.edu) (To verify receipt of your PIF, please contact Kathy Warden at (937) 775-2587 or at [kathy.warden@wright.edu](mailto:kathy.warden@wright.edu).)

### VII. **Project Recommendation:**

Proceed to Funding and Approval ☐ Do Not Proceed ☐

College/Division Dean/VP Signature Date

### VIII. **Project Funding Information:**

**(Prior to the project being approved at least 90% of the project funding must be in hand, this includes but isn't limited to all grants/gifts/donations and the journal voucher for the transfer of funds must be completed.)**

Project Funding Dept.: \_\_\_\_\_

Project Funding Journal Voucher # \_\_\_\_\_ Please transfer funds using BT4 JV to FOAP: 190000-216777-777000-70005 +  
Include the name of the project in the Description line.

Project Funding FOAPAL: \_\_\_\_\_

Project Funding Approval: \_\_\_\_\_

College/Division Dean/VP (Print Name) Signature Date

If Grant/Gift; Approval is required: \_\_\_\_\_ or \_\_\_\_\_

Dir. Research Sponsored Programs

CFO, WSU Foundation

### IX. **Project Approvals:**

(Project will be reviewed and Approved based on form, fit, function, space management, and alignment with the university strategic plan.)

**Facilities Management Use Only:**

Project Number WSU- \_\_\_\_\_

Project Approval Director of Planning and Architecture: \_\_\_\_\_

Wende Morgan-Elliott Date: \_\_\_\_\_

Project Approval Director of Engineering & Construction: \_\_\_\_\_

Scott Moniaci Date: \_\_\_\_\_

Project Approval AVP-FMS \_\_\_\_\_

Daniel Papay Date: \_\_\_\_\_

Project Approval VP-BFA, COO \_\_\_\_\_

(Unless Funded by Requesting Department and Under \$100,000)

Mark Polatajko Date: \_\_\_\_\_

Project Approval Provost, CAO \_\_\_\_\_

(Unless Funded by Requesting Department and Under \$100,000)

Tom Sudkamp Date: \_\_\_\_\_