

TEXAS WOMAN'S UNIVERSITY

OFFICE OF FACILITIES MANAGEMENT & CONSTRUCTION

PROJECT INFORMATION FORM

Rev. 7/2018

Purpose of Form: To request a general price point for the scope of work described to better identify funding issues. **This form does NOT replace the Project Request Form**, but rather comes before it to provide departments with generic pricing information for preliminary budgeting purposes before requesting a project to be implemented (through the completion of the PRF form). A PRF is not required if ordering furniture that meets University Standards and remains under \$30,000.

When to use: When a department has an idea for a project to develop, but the associated costs need to be understood before further resources can be dedicated to implementing the project idea.

NOTE: *The estimate prepared for you by TWU Facilities as a result of this form is NOT based on formal pricing from contractors. It is to be used for preliminary budgeting purposes only. Once a PRF is received, a formal estimate will be prepared.*

CONTACT INFORMATION

Request Date: _____ **Requesting Department:** _____

Project Contact Info: (Identify one person with whom Facilities can work with on this request)
Name: _____ Phone: _____ E-mail: _____

PROJECT DETAILS

Campus: _____ **Building:** _____ **Room Number(s):** (use commas) _____ **Account #** (if known): _____

If not within a building, describe location below: _____

General Information: (check all that apply)	Desired Completion Date:
<input type="checkbox"/> Structural Remodel (move walls, doors, etc.)	
<input type="checkbox"/> Furniture	
<input type="checkbox"/> Move Request	
<input type="checkbox"/> Building System Remodel (power, A/C, etc.)	
<input type="checkbox"/> Equipment Needs Assessment	
<input type="checkbox"/> Finishes (carpet/paint, etc.)	
<input type="checkbox"/> Space Planning Study (room layout, storage needs, etc.)	
<input type="checkbox"/> Other	
<input type="checkbox"/> SUAC Approved*	

Scope of work requested (be as descriptive as possible): _____

APPROVAL SECTION

Dean/Department Head/Chair Approval

Name: _____	Date: _____	Signature: _____
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*** OFFICE OF PLANNING AND DESIGN SERVICES USE ONLY ***

Associate VP of Facilities Management

Name: _____	Date: _____	Signature: _____
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Assigned Project Manager: _____

Approved Disapproved

Return completed form or contact us for questions using one of three methods:

E-mail:
Scan Completed Form and Send to:
TWUProjects@twu.edu

Fax:
940-898-3148

Inter-departmental Mail:
Facilities Management
c/o Dawn Byrd

Visit our website for detailed information about projects: <http://www.twu.edu/fmc>.

*Please attach approved SUAC form to Project Request.