

Facilities Operations Project Intake Form

Date: Department Requestor: Department Org: Project Manager:

Project Name:

Project Scope:

Comments:

Campus: Building/Area: Building Number:

Estimated Start Date: Estimated End Date:

Original Estimated Cost: Adjusted Cost: Source of Estimate: Work

Work Type: Type Subcategory:

Funding Source: KFS Number if Department Funded:

Is Project on the 5 Year Plan as a single line item?

If No, is project being funded by Undesignated funds on the 5 Year Plan? If Yes, AVP must approve below.

-----AVP, Director(s) Use Only Below Line:

PM Director, FO (If not Director)

Approval: Date:

Dave Koehler, Director, FO

Work Type Recapitalization Category

Approval: Date:

Stanley L. Nolan, Interim AVP, FO (if project is undesignated)

Approval: Date: