

PLEASE READ INSTRUCTIONS FOR COMPLETING THE FACILITIES PROJECT REQUEST FORM

(Note: Project requests estimated to cost less than \$2,000 will be processed through a standard Facilities work order)

Please complete Section A – Department Use on the following page using [Adobe Reader](#) (not Preview, Foxit, etc.). The Building Security Coordinator for each building must be included in this process. In this section, there is a line to enter that person's name. For a complete Building Security Coordinator listing, click the hyperlink below the line. Include as much detail in Project Scope as possible. After completing all fields in Section A, the Project Requester must digitally sign the form. Next save form using "Save As" and forward to the Building Security Coordinator for his/her digital signature. The Building Security Coordinator must digitally sign and attach it to an email addressed to fmojobreq@clermson.edu. (Do not scan form and attach to email.)

Once the project is entered into our system, a Facilities Project Manager will contact you within 1 week to schedule a meeting to review the scope of your project. All project requests now require an asbestos and lead paint survey prior to estimating. The department will not have to pay for the cost of the survey, however, if the project area is found to contain asbestos and/or lead, any abatement costs will become part of the total project cost and borne by the department. There are some exceptions for relatively small projects where partial funding for abatement may be available from Facilities if the cost of abatement will exceed 25% of the estimated construction costs. The abatement estimate will be included in the project estimate. The asbestos and lead survey alone may take 2 weeks for small projects and 3 weeks for large projects. Estimates can take up to 4 weeks depending on the scope of the work and the extent of the asbestos/lead survey. If a detailed budget estimate is needed, please allow an additional 2 weeks depending on the complexity of the project. Once the estimate is complete, the Project Manager will complete Section B and return the Facilities Project Request Form with a Project Cost Estimate Summary to you for approval.

If you would like to proceed with the project, complete Section C by adding account number(s) and approved digital signature. **(Handwritten signatures are not accepted.)** Then, attach the signed Facilities Project Request Form to an email addressed to fmojobreq@clermson.edu. Please see our [on-line tutorial](#) for creating and using digital signatures.

If approval is not received within 60 days from estimate date, the project request will be cancelled.

Sections D through I will be used in the event of change orders to the original project estimate.

Project Request

Note: Projects estimated to cost less than \$2,000 will be processed through the standard work order process.

Section A – Department Use

Date _____ Requesting Department _____ Department # _____
 Contact _____ Contact E-mail _____ Phone # _____
 Building (where work will be performed) _____ Building # /Room _____ [Building Security Coordinator](#)

I acknowledge that State Law requires an Asbestos and Lead Survey prior to any renovation or demolition project if a survey has not been completed within three years. The survey must be completed before an estimate can be provided. The survey is provided at no cost to the department; however, if asbestos and/or lead are present, the project estimate will include abatement costs.

Project Scope (Include as much detail as possible and if there is a critical completion date):

Request Submitted by: _____ Building Security Coordinator: _____

Section B – University Facilities

Project #	Official Project Title	Project Manager	ESTIMATED COST	Date
Facilities Proposal:				

The estimated cost is good for 60 days from date below. After 60 days, the project will be canceled if this form is not returned with appropriate approvals.

Facilities Project Manager: _____ Project Manager Supervisor: _____

Section C - Approvals

I hereby authorize the performance of the above request and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section D – Change Order 1

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 1* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section E – Change Order 2

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 2* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section F – Change Order 3

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 3* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section G – Change Order 4

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 4* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section H – Change Order 5

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 5* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director

Section I – Change Order 6

I hereby authorize the performance of the work request for additional scope outlined in *Change Order 6* and certify that funds equal to the above estimate are made available from the accounts indicated below. Work will not continue beyond the approved budget without additional authorization.

Account number(s) to be charged	Amount

Project Director or Department Head

Dean or Director