**Draft Project Request Form**

1. Date: *Click here to enter a date.*
2. Requesting department: *Click here to enter text.*
3. Contact name: *Click here to enter text.*
4. Phone: *Click here to enter text.*
5. Email: *Click here to enter text.*
6. Proposed project name: *Click here to enter text.*

[ ] New project

[ ] Project revision (project #*Click here to enter text.*)

1. Project type:

[ ] Renovation of existing space

[ ] Full (gut) renovation

[ ] Cosmetic (paint, flooring, lighting, ceiling)

[ ] Utility installation only (electrical, HVAC, etc.) Identify: *Click here to enter text.*

[ ] Telecommunications (data networking, video conferencing, hi-tech classroom, voice

 services, etc.) Identify: *Click here to enter text.*

[ ] Other: *Click here to enter text.*

[ ] Other: *Click here to enter text.*

1. Project location (campus/building/room): *Click here to enter text.*
2. Is location currently occupied? [ ] Yes [ ] No

If yes, by whom: *Click here to enter text.*

1. Is continuous occupancy required? [ ] Yes [ ] No

If yes, will phased construction be possible? [ ] Yes [ ] No

Explain: *Click here to enter text.*

1. Is the purpose of the project location changing? [ ] Yes [ ] No

If yes, current purpose of project location: *Click here to enter text.*

1. Purpose/use of the proposed project location:

[ ] Laboratory: [ ] wet [ ] dry [ ] computer

[ ] Class lab: [ ] wet [ ] dry [ ] computer

[ ] Classroom: [ ] lo-tech [ ] hi-tech

[ ] Office

[ ] Other: *Click here to enter text.*

1. Project summary/description: *Click here to enter text.*
2. Project justification

[ ] To house new faculty: expected arrival date

[ ] To house new equipment: expected arrival date

[ ] To accommodate increased enrollment

[ ] To update/upgrade program

[ ] General clean-up/rehabilitation

[ ] Safety/Code/Access

[ ] Other: *Click here to enter text.*

1. Desired project completion date: *Click here to enter a date.*
2. Are there schedule/timing concerns: *Click here to enter text.*
3. Consequences/implications if project not completed: *Click here to enter text.*
4. Alternatives to be considered: *Click here to enter text.*
5. Estimated project cost (if available, list source of info): *Click here to enter text.*
6. Funds available for project: *Click here to enter text.*
7. Proposed fund source:

[ ] Department: account #*Click here to enter text.*

[ ] School/College/Unit: account #*Click here to enter text.*

[ ] Central

[ ] UCONN 2000

[ ] Private funds/gifts

[ ] Other: *Click here to enter text.*

1. Will this project impact revenue/operating costs? [ ] Yes [ ] No

If yes, explain: *Click here to enter text.*

1. Please note any special requirements or information/history to better define this request:

 *Click here to enter text.*

Contact signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Department Head name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dean/AVP name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/AVP signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please scan the signed from and submit via email to planning@uconn.edu

Upon receipt, a tracking/log number will be assigned to this project request and shared with the project contact. When inquiring about the status of this project, please reference that number.