**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](mailto: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.