OFFICE OF MANAGEMENT AND BUDGET
DIVISION OF FACILITIES MANAGEMENT

PROJECT REQUEST FORM

PROJECT INFORMATION

Department: _____ Division: _____

Location: _____

Description of Work: _____

_____

_____

_____

Estimated Project Budget: _____

AGENCY CONTACT(S)

POINT(S) OF CONTACT:	NAMES	TITLE	PHONE #
	_____	_____	_____
	_____	_____	_____

AGENCY AUTHORIZED SIGNATURE

AGENCY SIGNATURE:

Capital Project Coordinator: _____ Date: _____

FOR OMB/FACILITIES MANAGEMENT USE ONLY

- ❑ MINOR CAPITAL FUNDS
- ❑ MAJOR CAPITAL FUNDS
- ❑ CAPITALIZED PROJECT

Project Manager: _____

In House A/E: _____

A/E Firm: _____

Project Title: _____

Project Number: _____

ACTIVITY	FUND SOURCE (APPR)	BUDGET AMOUNT	ACTIVITY BEGIN DATE	ACTIVITY END DATE