OFFICE OF MANAGEMENT AND BUDGET
DIVISION OF FACILITIES MANAGEMENT

PROJECT REQUEST FORM

PROJECT INFORMATION

Department: ____________________________  Division: ____________________________

Location: ________________________________________________________________

LEASED PROPERTY  ☐ Yes  ☐ No  IF YES, PLEASE ATTACH BUDGET OFFICE APPROVALS

Description of Work: ________________________________________________________

________________________________________________________

Estimated Project Budget: ____________________________

AGENCY CONTACT(S)

POINT(S) OF CONTACT:  NAME  TITLE  PHONE #

________________________________________  __________________________  ____________

________________________________________  __________________________  ____________

AGENCY AUTHORIZED SIGNATURE

AGENCY SIGNATURE:

Capital Project Coordinator: ____________________________  Date: __________________

FOR OMB/FACILITIES MANAGEMENT USE ONLY

☐ MINOR CAPITAL FUNDS  Project Manager: ____________________________

☐ MAJOR CAPITAL FUNDS  In House A/E: ____________________________

☐ CAPITALIZED PROJECT  A/E Firm: ____________________________

Project Title: ____________________________

Project Number: ____________________________

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>FUND SOURCE (APPR)</th>
<th>BUDGET AMOUNT</th>
<th>ACTIVITY BEGIN DATE</th>
<th>ACTIVITY END DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Updated 3/15/18