

**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
- 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