

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 #

FOR OMB/FACILITIES MANAGEMENT USE ONLY

Capital Program Administrator: _____

Project Manager: _____

In House A/E: _____

A/E Firm: _____

Project Title: _____

Project Number: _____

☐ MINOR CAPITAL FUNDS

☐ MAJOR CAPITAL FUNDS

☐ CAPITALIZED PROJECT

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