



Truckee Meadows Community College

Facilities Operations and Capital Planning

PROJECT REQUEST

Instructions: This form shall be filled out by the Dean or Director, then sent to your appropriate VP for signature. The intent of this form is to retain approval for initial project feasibility and cost estimating. Once the study is complete, the project shall be presented to President's Cabinet for approval/signature.

REQUESTOR'S INFORMATION

Name	Department	Phone Number	Request Date
Email Address	Proposed Project Name		
Project Information <i>(campus/building/room numbers)</i>	Reason Needed		
Project Description <i>(attach supporting documentation, additional sheets as necessary and sketch, including as many views and dimensions as necessary to convey pertinent information (location, height, width, length, etc.), or attach floor plans as needed. List any potential building systems that may be affected (electrical, mechanical, structural) and any furniture, fixtures or equipment needed.)</i>			
Proposed Timeline	Do you Have Funding for This Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost Estimate per Facilities Operations	

SIGNATURES

President/Cabinet approval signature shall be retained after feasibility study has been completed, presented and approved by cabinet.

Dean/Director/Manager Name	
Dean/Director/Manager Signature	Date
Vice President Name	
Vice President Signature	Date
President/Cabinet Approval Name	
President/Cabinet Approval Signature	Date