



OFFICE OF FACILITIES PLANNING, DESIGN & CONSTRUCTION

<http://facilities.unt.edu/depts/fpd>

PROJECT INITIATION WORKSHEET

Rev. 02.14.17

Purpose of Form: To initiate design, formal estimating, and implementation services for project requests. "Projects" involve multiple trades and have a cost that exceeds \$5,000. Once a PIW is received and a design is finalized, a formal estimate will be prepared which will be a Guaranteed Price.

When to use: When a department has a need for a project to be implemented within a definite time frame and a funding source has been identified. Examples include: departmental relocations, cubicle re-configuration, cosmetic upgrades, furniture procurement, landscape, exterior improvements and complete space remodels.

CONTACT INFORMATION

Authored Date: _____ **Requesting Department:** _____

Project Contact Info: (Identify one person with whom Facilities can work with on this project)
Name: _____ **Phone:** _____ **E-mail:** _____

PROJECT DETAILS

| | | |
|---|---|---------------------------------|
| Building: | General Information: (check all that apply): | Desired Start Date: |
| Room Number(s): (use commas) | Renovation/Remodel Furnishings, Finishes &/or Equip | Desired Completion Date: |
| If not within a building, describe location below: | New Construction Box Move | |
| Scope of work (be as descriptive as possible): | Parking lot Space: Planning, Analysis, Study | |
| | Building MEP Systems (mechanical, electrical, plumbing, voice/data & A/C) | |
| | Landscape/Exterior Laboratory/Science Facility | |

FUNDING SOURCE & PROJECT APPROVALS

Chart of Accounts Number: _____ **Account Holder Name:** _____ **Account Holder Signature:** _____

| | |
|---|-----------------------------|
| Unidentified Funding Justification: | ESTIMATE INFORMATION |
| Application for grant Other (explain): | PRE # |
| Seeking donor funding | |

Dean/Director Approval

Name: _____ **Signature:** _____

*****OFFICE OF SPACE MANAGEMENT & PLANNING USE ONLY*****

Space Request Form Required? YES NO **Authorized to Proceed** **Do Not Initiate** **Space Request Form #**

Comments:

OSMP Approval

Name: _____ **Signature:** _____

*****OFFICIAL USE ONLY*****

| | | |
|-----------------------|----------------------|--|
| Date Received: | TMA Project # | |
|-----------------------|----------------------|--|

Please return form electronically to: PIW@unt.edu