

PROJECT INITIATION FORM

For all Valparaiso University Construction Projects

(For Facilities Use Only)

Project ID: _____ BLDG: _____

Project Title: _____

Committee Review Date: _____ Committee Recommendation Date: _____

In order to best serve the needs of the university, please fill out Part **A** of this form to initiate a new construction project and submit to VU Capital Planning Department.

- After receiving the PI Form Part A, clients shall receive a ballpark project estimate.
- If client is in agreement to proceed with the project, Part B will need to be filled out by the client in its entirety and submitted back to the VU Capital Planning Department.

Projects may require additional approvals depending on the project budget, scope, or impact on campus. These additional requirements will be discussed with the requester during the initial project assessment process.

A presentation to the Campus Planning and Space Allocation Committee may be required.

You will receive an email communication acknowledging receipt of the request as well as other information pertinent to the project.

PART A

CONTACT INFORMATION

Contact Name: _____ Phone Number: _____ Cell Number: _____

Title: _____ Department: _____

College/Organizational Unit: _____ Email: _____

PROJECT INFORMATION

(Attach additional information as needed to describe the project)

Project Location: Building: _____ Room/Area: _____

Project Objective and Expected Deliverables:

Please answer the following questions: (Attach additional information as needed) If not applicable, list N/A.

1. Is this project included on your Capital Budget Request for planned construction work? If yes, please indicate if this project is contingency funded. If the proposed project is not included, please explain why this project is being initiated.

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2. Is the proposed project funding currently available? If not, when is it likely to be available and will it include Gift Funds or requested Matching Funds? Has the Valparaiso University Advancement Office been contacted to initiate fundraising efforts?

3. Does this proposed project involve a change of space use (e.g. office to lab, classroom to office, etc.)? If yes, please explain.

4. Does this proposed project involve the reassignment of space from one college/department to another? Do any proposed changes in space configuration, assignment or use affect another college or department? If yes, please explain.

5. Does this proposed project involve the installation or use of specialized equipment or services? If yes, please explain.

6. Does this proposed project involve the installation of additional campus utilities? If yes, please explain.

7. Does this proposed project require special needs for persons with disabilities? If yes, please explain.

Desired Completion - Proposed Project Schedule:

Work Window: Calendar Year _____ ___ Fall ___ Winter ___ Spring ___ Summer

PART B

Capital Planning Project Estimate \$ _____

Project Funding: The requesting department authorizes Facilities Management to proceed. Check the box that applies and provide the funding amount and source as required. If more than one source of funds is to be used, indicate percentage or amount of each.

Funding Source/ Account Type(s): Required – Approved projects will proceed if funding provided is adequate.

Source of Funds	Account Number	Amount			
1.					
2.					
3.					
Total					

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PROJECT FUNDING AUTHORIZATION TO PROCEED

Identify the Funding College/Organizational Unit(s) below and provide all signatures from each unit prior to form submission.

FUNDING UNIT 1

Funding College/Organizational Unit

Fiscal Authorization	(printed name)	Date
Director/Department Head	(printed name)	Date
Dean/Vice President	(printed name)	Date

FUNDING UNIT 2

Funding College/Organizational Unit

Fiscal Authorization	(printed name)	Date
Director/Department Head	(printed name)	Date
Dean/Vice President	(printed name)	Date

FUNDING UNIT 3

Funding College/Organizational Unit

Fiscal Authorization	(printed name)	Date
Director/Department Head	(printed name)	Date
Dean/Vice President	(printed name)	Date

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Project Manager: _____

Estimated by: _____

Authorization to Proceed: _____ Date: _____

Project Account: _____

PROJECT REVIEW COMMITTEE APPROVAL (Facilities Management Use Only)

APPROVED
 NOT APPROVED

 Executive Director of Facilities Management (printed name) Date

ADMINISTRATION APPROVAL

APPROVED
 NOT APPROVED

 Executive Vice President and Chief Operating Officer (printed name) Date

ADMINISTRATION APPROVAL

APPROVED
 NOT APPROVED

 Campus Planning and Space Allocation Committee (printed name) Date

ADMINISTRATION APPROVAL

APPROVED
 NOT APPROVED

 Senior Vice President for Finance and Treasurer of the Board (printed name) Date