

# UNCW SPECIAL PROJECT REQUEST

(For Facility Modifications and Additions)

<b>Special Project Number:</b>		
State CI Code Project:	Yes	No
Other:		
Project Management #:		
FME WR #:		

## SECTION I – Project Description / Request for Estimate

Building / Facility: \_\_\_\_\_ Room: \_\_\_\_\_

Project Title: (Attach sketch or layout and narrative description.) \_\_\_\_\_

Comments/Restrictions: \_\_\_\_\_

Required Completion Date: \_\_\_\_\_ Reason for Required Completion Date: \_\_\_\_\_

Requesting Department: \_\_\_\_\_ Project Representative: \_\_\_\_\_ Ext. \_\_\_\_\_

**Approval:** \_\_\_\_\_ **Approval to Request Estimate:** \_\_\_\_\_

Requesting Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Requesting Dean or Assoc./Assist. Vice Chancellor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward to Project Management for Processing.*

## SECTION II – Project Estimates

**Project Management Recommendation:**  Process Via New Special Project Account  
 Process Via General Use Special Project Account

Assigned Department: \_\_\_\_\_ Estimator: \_\_\_\_\_ Date: \_\_\_\_\_

Can Completion Date Be Met?  Yes  No Estimated Number of Days to Complete Project After VCBA Approval: (See accompanying letter.) \_\_\_\_\_

Estimate Effective Until: \_\_\_\_\_ Estimated Total Project Cost: \$ \_\_\_\_\_

*Forward to the Requesting Department Head.*

## SECTION III – Project Approval by Requesting Division

Are funds available to support this project?  Yes, Account # \_\_\_\_\_ Funding Available: \$ \_\_\_\_\_  
 No

Comments: \_\_\_\_\_

**Departmental Review:** \_\_\_\_\_ **Authorization to Continue:** \_\_\_\_\_

Requesting Dept. Head Signature \_\_\_\_\_ Date \_\_\_\_\_ Requesting Vice Chancellor Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward to the Associate VCBA-Facilities.*

## SECTION IV – Business Affairs

**Project Assignment:**  Project Management  Construction Method  
 Construction Svcs.  Procurement Method  
 Other \_\_\_\_\_

Comments (Completion date and other): \_\_\_\_\_

**Authorization:** \_\_\_\_\_ Associate VCBA-Facilities Signature \_\_\_\_\_ Date \_\_\_\_\_

Amount Funded: \$ \_\_\_\_\_ Department: \_\_\_\_\_ Account #: \_\_\_\_\_

**Funding Approved:** \_\_\_\_\_ Associate VCBA-Finance Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward to the Budget Office.*

## SECTION V – Budget Office

Charge project to this account number: \_\_\_\_\_  Copies to VCBA

*Forward original to Project Management.*

## SECTION VI – Project Schedule / Completion

Start Date: _____ Completion Date: _____	Final Total Project Cost: \$ _____	
Facilities Project Mgr. Signature _____ Date _____	Dir. Facilities Admin. Signature _____ Date _____	Director Signature _____ Date _____

*Forward to the VCBA.*