

SPECIAL PROJECT REQUEST

Form No. VCB 1.20
Rev. April 11, 2022

(For Facility Modifications and Additions)
... Unless stated otherwise, ALL fields are required ...

Facilities Use Only
UNCW PM #

SECTION I – Request for Estimate - for Requesting Department

Building / Facility: Room:

Project Title: 100 characters

Attach sketch or layout and narrative description.

"Date Must Be Complete By" & Reason Why:
(optional unless there is a mandatory completion date)

Requesting Department: Project Representative: Ext:

Are funds available to support this project? No Yes-Fund# Amt Available \$ Date Available

Do funds expire? Date: Using Fund Balance? No Yes "Yes" requires VC to certify that the CHANCELLOR has approved (see Section III)

Are funds otherwise Restricted? No Yes-Explain

Comments: Has Space Utilization Committee approved? No explain "no" below Yes Space Request #:

Requesting Department Head email: @uncw.edu Electronic Signature:
Date:

Requesting Dean or AVC email: @uncw.edu Electronic Signature:
Date:

**Both signatures are required. Use electronic signatures and submit as email ATTACHMENT.
Incomplete forms cannot be processed. EMAIL signed form to facilitiesproject@uncw.edu as ATTACHMENT**

SECTION II – Project Estimates - for Project Management (Office of Facilities Use Only)

PM A&C Estimator: Estimated Total Project Cost: \$ Date Estimate Expires:

Estimated # of Days to Complete Project after Section III Approvals: Is Capital Authorization Required for Project? No Yes

Comments:

Can Completion Date Be Met? No Yes

Will this change asset info? Yes

ESTIMATOR: Complete Section II manually and carry the form to the Special Projects Coordinator

SECTION III – Authorization to Proceed - for Requesting Department

Approved: Department Head email: @uncw.edu Electronic Signature:
Date:

Authorization to Proceed: Dean or AVC email: @uncw.edu Electronic Signature:
Date:

As Vice Chancellor, I certify that the CHANCELLOR has given approval to use Fund Balance for this Project
email: @uncw.edu Electronic Signature:
Date:

The VC signature is required ONLY if the project is to be paid with Fund Balance funds

**... Use electronic signature and submit as email ATTACHMENT ...
EMAIL signed form to: facilitiesproject@uncw.edu as ATTACHMENT**

SECTION IV – InterscopePlus (Office of Facilities Use Only)

State CI Code Project? No Yes - #

Program Name: Program #: Project ID #:

Special Project Designation: Standard Project Foundation/Other Performance Contract Design-Build Non-Code-Item HUB Only

↔ If Foundation or Non-Code-Item, enter ↔

Estimated Completion Date and Funding Source Type

Funding Source Type: Non-State Debt General Fund Non-General Fund R&R General Fund

Amt Allocated \$

SECTION V – CLOSEOUT (Office of Facilities Use Only)

EMAIL facilitiesproject@uncw.edu to Request Electronic Form

Start Date: Completion Date: Facilities Project Manager Signature:
Date:

Final Total Project Cost: \$ AiM matches Banner? No Yes Interscope matches Banner? Yes N/A
Closeout Notes: Space Management Notified? Yes N/A Scanned into Permanent File? Yes Banner Fund(s) Terminated? Yes N/A

Director Project Mgt Signature: Date: Director Facilities Admin. Signature:
Date: