



Project No : _____

Project Initiation Form

INSTRUCTIONS: Please complete ALL sections, and then return the fully completed & SIGNED PIF to Facilities Management by EMAIL at pif@evansville.edu

I. REQUESTOR INFORMATION

College / Office : _____
 Department : _____
 Primary Contact : _____ Alt. Contact : _____
 Primary Office No. : _____ Alt. Office No. : _____
 Primary Cell No. : _____ Alt. Cell No. : _____
 Primary Email : _____ Alt. Email : _____

II. PROJECT INFORMATION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> STUDY / PROGRAM | <input type="checkbox"/> ADDITIONAL SPACE / RELOCATION | <input type="checkbox"/> FURNISHINGS / EQUIPMENT | <input type="checkbox"/> SECURITY / ACCESS |
| <input type="checkbox"/> NEW BUILDING / ADDITION | <input type="checkbox"/> RENOVATION / REFURBISHMENT | <input type="checkbox"/> BLDG ENVELOPE / ROOF | <input type="checkbox"/> UTILITIES |
| <input type="checkbox"/> GROUNDS / LANDSCAPE | <input type="checkbox"/> MECHANICAL / HVAC / PLUMBING | <input type="checkbox"/> ELECTRICAL / TELECOM | <input type="checkbox"/> OTHER : |

Building Name / Location : _____
 Room Number(s) / Area : _____
 Project Description / Request: *(be detailed and attach any plans, sketches, photographs, and/or any other relevant materials)*

Are You Requesting : 3RD PARTY CONTRACTOR AUTHORITY TO EXECUTE EXISTING PROJECT
 Do These Apply : WORK REQ. SUBMITTED INSURANCE / DAMAGE CLAIM

III. SCHEDULE REQUIREMENTS / CRITICAL DATES

(No commitments will be made regarding any dates until after the project has been fully scoped, estimated, and funded)

Critical Factors : Fall Semester Start Spring Sem. Start Summer Sem. Start Holiday Break End of FY
 Classroom Impact Lab Impact Research Impact Grant / Funding Fundraising
 Safety / Security Event / Ceremony Gameday New Employee Equipment Install

Critical Dates / Other : _____
(Rather than listing "ASAP", please briefly list any specific dates or reasons for the expedited handling of your project)

IV. ANTICIPATED PROJECT FUNDING

Funding Source : COLLEGE / OFFICE FACILITIES / R&R RESTRICTED _____
 Funding Range : ESTIMATE ONLY MAX FUNDING AVAILABLE _____

V. PROJECT APPROVALS - REQUIRED

Dean / Director Name & Signature: _____ Date : _____
 VP Name & Signature : _____ Date : _____

FACILITIES MANAGEMENT USE ONLY

Date Received : _____ Date Initiated : _____ Estimate Total : _____
 Attachments: _____ FM Exec Director: _____ A2E JOC 3rd Party
 Project No : _____ Notes: _____