



VSU OSP&R Facilities Project Planning Form

VIRGINIA STATE UNIVERSITY

DATE:

PROJECT NAME:

Project No.:

From Capital Outlay

Project Sponsor:	<i>Requestor/Sponsor Name</i> <i>Department</i> <i>Phone Number</i>
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Project Description: *Describe project scope of work, attach any drawings:*

Project Priority:

High Priority Justification:

Current Project Status:

Funding and Budget: *Attach Documentation*

Funding Source:			
Estimated Costs :	Design	Construction/Equip.	Contingency
			Total

Project Schedule Impact

Requested Completion Date:	Design: ___ calendar days	Construction: ___ calendar days
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Contracted Services:	Y	N	State Approval	Y	N
	Date:		Comments:		
Design Team:	Firm Name			Rep.	
Consultant	N/A				
Sub-Consultant					
Construction Team:					
Sub-Consultant					
Sub-Consultant					
Supplier, Other					

Project Initiation Approvals
Comments:

Requestor Signature _____ Date _____

Comments: Approved – Disapproved <i>circle one</i>

Dean/Department Head Signature _____ Date _____

Comments: Approved – Disapproved <i>circle one</i>

Director, Capital Outlay Signature _____ Date _____

Comments: Approved – Disapproved <i>circle one</i>

Director, Facilities Management Signature _____ Date _____

Comments: Approved – Disapproved <i>circle one</i>

Vice President, Administration and Finance Signature _____ Date _____