

**ARIZONA STUDENT UNIONS  
PROJECT REQUEST FORM**

The information below is needed to process your Project Request Form. It will assist in scope definition, budget estimating, prioritization, approval and initiation of design and construction projects. Please describe only one project per form, and complete as much of the form as possible to fully describe your proposed project. If you need assistance in completing this form, contact Paul Ewer at 621-1730. Project must be approved by your Associate Director prior to submitting to Operations for estimating and prioritization.

**SUBMITTED BY:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Department: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Contact person/phone#: \_\_\_\_\_

**GENERAL PROJECT INFORMATION:**

Building No. \_\_\_\_\_ Building Name: \_\_\_\_\_

Room No. \_\_\_\_\_ Floor: \_\_\_\_\_

Approximate floor area (Gross Sq. Ft) of project: \_\_\_\_\_

Current Occupants: \_\_\_\_\_

New Occupants: \_\_\_\_\_

Approximate No. of Occupants in project area: \_\_\_\_\_

Type of work: \_\_\_\_\_ Interior remodel \_\_\_\_\_ Change of use \_\_\_\_\_ Exterior const.

\_\_\_\_\_ Other

**GENERAL PROJECT DESCRIPTION SUMMARY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is project needed (Objectives/Justification)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Impact if project is not authorized: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Preferred construction scheduling: \_\_\_\_\_ Spring \_\_\_\_\_ Fall \_\_\_\_\_ Summer \_\_\_\_\_ Other

Construction impact issues to ongoing operations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are department funds available to support construction project? \_\_\_\_\_ Yes \_\_\_\_\_ No

Department fund source account no. \_\_\_\_\_

## DESCRIPTION OF IMPROVEMENTS:

Please complete the following information to describe the scope and nature of your proposed project. Mark N/A on portions that do not apply and leave questions that you cannot answer blank. If there are multiple rooms with varying conditions, please clarify with comments or attached additional information. Please attach any available drawings or sketches that illustrate needed improvements.

### FLOOR COVERING

Remain as is: \_\_\_\_\_

Replace with: \_\_\_\_\_ Vinyl Tile \_\_\_\_\_ Carpet \_\_\_\_\_ Other

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

### WALL SURFACES

Remain as is: \_\_\_\_\_ Repaint: \_\_\_\_\_ Special Treatment: \_\_\_\_\_

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

### CEILING SURFACES

Remain as is: \_\_\_\_\_

Replace with: \_\_\_\_\_ New Ceiling Tiles \_\_\_\_\_ Hard Surface \_\_\_\_\_ Other

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

### ELECTRICAL

Remain as is: \_\_\_\_\_

Replace/Add: \_\_\_\_\_ Relocate Fixtures \_\_\_\_\_ Provide New Fixtures \_\_\_\_\_ New Electrical  
Outlets \_\_\_\_\_ Additional Power \_\_\_\_\_ Special Equipment \_\_\_\_\_ Emergency Power  
\_\_\_\_\_ Other

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

### PLUMBING

Remain as is: \_\_\_\_\_

Replace/Add: \_\_\_\_\_ Relocate Fixtures \_\_\_\_\_ Add New Fixtures \_\_\_\_\_ Other

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

### HEATING/AIR CONDITIONING

Remain as is: \_\_\_\_\_

\_\_\_\_\_ Revise for New Configuration \_\_\_\_\_ Revise to Improve Comfort Level  
\_\_\_\_\_ Special Temp/Humidity Requirements \_\_\_\_\_ Individual Controls \_\_\_\_\_ Special  
Filtration Requirements \_\_\_\_\_ Special Exhaust Requirements \_\_\_\_\_ Other

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

**SECURITY**

Remain as is: \_\_\_\_\_  
Replace with: \_\_\_\_\_ Keyed entry \_\_\_\_\_ Key pad \_\_\_\_\_ Card reader \_\_\_\_\_ Other \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATIONS**

Remain as is: \_\_\_\_\_  
Replace/Add \_\_\_\_\_ New Phone Stations \_\_\_\_\_ New Phone Lines \_\_\_\_\_ New Data  
Connections \_\_\_\_\_ Other \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WINDOW COVERINGS**

Remain as is: \_\_\_\_\_  
Replace with: \_\_\_\_\_ Vertical Blinds \_\_\_\_\_ Drapes \_\_\_\_\_ Other \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACOUSTICS**

List any special requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER FINISHES**

List any special requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FIXED EQUIPMENT** (Wall cabinets, Exhaust Hoods, etc..)

List any special requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MOVEABLE EQUIPMENT** (Refrigerators, Freezers, etc...)

List any special requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT ENDORSEMENT:** \_\_\_\_\_\_\_\_\_\_  
Signature of Requestor\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Assoc. Director\_\_\_\_\_  
Date

*Submit completed and signed Request form to the Operations Supervisor, Admin rm 403*

PRELIMINARY BUDGET ESTIMATE: (Operations Use Only – Do not Write In This Box)

Estimated By: \_\_\_\_\_ Date: \_\_\_\_\_ Estimate: \$ \_\_\_\_\_