## Abilene Christian University Operations

## **Renovation and Construction Project Request Form**

## A. Department Information The Department Liaison will represent the department for this project. Department Liaison Name Liaison Telephone Liaison Email Date of Request **B. Project Summary** Type of Project ☐ Renovation of Existing Space ☐ New Addition to Existing Facility ☐ New Facility Facility Name or Type of New Facility Room Number(s) or describe location; If new facility leave blank Is this space currently □ Yes ; Has the Space Management assigned to your ☐ No, this space is assigned to Committee reassigned this space to you? ☐ Yes ☐ Request has been submitted ☐ No department? □ New Facility **Current Occupancy** □ Occupied Space, Will the occupants need to be relocated during the project? □ Yes □ No ☐ Unoccupied Space ☐ New Facility **Project Description** Requested Project Dates Start Date: End Date: Are there any time constraints, events, projects, or any other considerations that may affect the schedule or completion date of this project? ☐ Yes, explain below ☐ No Does this project impact ☐ Yes ☐ No any space occupied by If Yes, you must contact the impacted department(s) before submitting this form. Provide the names of the another department or individuals you have contacted: departments during or after construction? Are they all in agreement with this project? ☐ Yes ☐ No C. Project Funding Do you have funding for Organization: \_\_\_\_\_; Amount of funding available: \$\_\_\_ ☐ Yes; Fund: \_\_\_ this project? □ No

Email this completed form to the Office of Construction at acuconstruction@groupmail.acu.edu