| **FPM PROJECT REQUEST FORM** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION TO BE COMPLETED BY REQUESTING ENTITY | | | | | | | | | |
| **1.** | **Type of Request** | Hover your mouse over the endnote references (e.g., “i”) below the dropdown field to view definitions. | | | | | | | |
|  | **Select Project Type:** |  | | | | | |  | |
|  | Please review the descriptions prior to making selection: Estimate [[1]](#endnote-1) - Concept Study [[2]](#endnote-2) - Feasibility Study [[3]](#endnote-3) - Design/Construction Project [[4]](#endnote-4) | | | | | | | | |
| **2.** | **Project Location** | Where the project will take place. Identify campus, building(s), Floor(s), Room Number(s). | | | | | | | |
| **Campus** | **Building(s)** | | | | **Floor(s)** | **Room #(s)** | | |
| Select Campus | Identify Building(s) | | | | Identify floor(s) | Identify room number(s) | | |
| **3.** | **Customer Information** | Project sponsor and/or stakeholders who will be impacted by this project. | | | | | | | |
|  | Full name of University unit(s) making the request: | | | | | Identify school, college, department, institute, or academy. | | | |
|  | **Contacts** | **Name** | | | | **e-mail address** | **Phone Number** | | |
|  | Requested by[[5]](#endnote-5) | Primary Customer Contact Name | | | | e-mail address | Phone Number(s) | | |
|  | Decision-maker[[6]](#endnote-6) | The person within Customer organization that has decision-making authority regarding scope, schedule, and budget for this project. | | | | e-mail address | Phone Number(s) | | |
|  | Emergency[[7]](#endnote-7) | Person within Customer organization to notify in the event of an emergency. | | | | e-mail address | Phone Number(s) | | |
| **4.** | **Project Scope** | Project scope defines the boundaries of a project. Think of the scope as an imaginary box that will enclose all the project elements. It not only defines the work that you want performed (what goes into the box), but also sets limits for what will not be done as part of the project (what is NOT in the box). Scope identifies what will be done, what will not be done, and what the results will look like. | | | | | | | |
|  | Type of project. Check all applicable boxes. 🡺 | Administrative Office(s) | | | | Food Service | Laboratory (wet) | | |
|  | Clinical Office(s) | | | | Housing | Student Space(s)[[8]](#endnote-8) | | |
|  | Faculty Office(s) | | | | Laboratory (dry) | Student Support Space[[9]](#endnote-9) | | |
|  | Other describe other space type here | | | | | | | |
|  | Scope Narrative[[10]](#endnote-10) | Identify the intended physical features and/or modifications to the space(s) comprising the project. Include specific expectations and requirements for the completed project as applicable to the project types above. | | | | | | | |
|  | Existing Project Documentation  (Already available) | Business Plan/Statement | | | | Renderings/Photos | Space Programs | | |
|  | Diagrams/Sketches | | | | Space Plans | Other describe | | |
| **5.** | **Schedule** | A project’s schedule includes not just the time it takes to modify space or construct a building. There is typically a period for planning and design, followed by approvals from local agencies and USC Senior Administration. Even after construction is complete, FPM continues to work on completing all project documentation and closing out all financial obligations. | | | | | | | |
|  | Completion Date | Enter date or use dropdown to select. | | | | Date by which you expect to occupy the completed space(s). | | | |
|  | Special Considerations[[11]](#endnote-11) | Identify any restrictions in the work hours (e.g., can only work between certain hours to avoid disruption to ongoing academic, research, or administrative activities), special events that will prevent work, etc. that need to be addressed/included. | | | | | | | |
| **6.** | **Budget and Funding** | A legitimate funding source is required for FPM to undertake any work, including preliminary investigations, and hiring design consultants. Transparency about your project budget expectation is key to FPM providing the appropriate services and completing the work in an expeditious manner. | | | | | | | |
|  | Total Project Cost | Enter dollar amount. | | | | TOTAL PROJECT COST = Cost for EVERYTHING related to the project, including construction, furniture, equipment, signage, moving expenses, and consultant fees. This amount should reflect your ***expectation*** at time of request. You will be committing an agreed upon amount via an Internal Requisition to FPM once the project has been estimated. | | | |
|  | Managed by Customer[[12]](#endnote-12) | List all work you propose to manage and pay for directly (an example would be packing/moving/storage costs). | | | | | | | |
|  | **Funding Sources** | | | | | | | | |
|  | *Check all that apply* | | | **Notes (i.e., amounts, dates, etc.)** | | | | | **PPGG[[13]](#endnote-13)** |
|  | Operational Funds | | | Describe | | | | | PPGG Number |
|  | Donor(s) | | | Describe | | | | | PPGG Number |
|  | Grant Approved[[14]](#endnote-14) | | | Describe | | | | | PPGG Number |
|  | Grant Pending[[15]](#endnote-15) | | | Describe | | | | | PPGG Number |
|  | Provost Reserve | | | Describe | | | | | PPGG Number |
|  | Asset Renewal | | | Describe | | | | | PPGG Number |
|  | Facilities Infrastructure Fund (FIF) | | | Describe | | | | | PPGG Number |
|  | Debt | | | Describe | | | | | PPGG Number |
|  | Corporate Funding | | | Describe | | | | | PPGG Number |
|  | Other | | | Describe | | | | | PPGG Number |
| **7.** | **Customer Value Assessment**  ***(select only one)*** | | Provide the Customer Value Assessment based on the definitions below. Describe or attach a separate document to explain specifically how the project meets the definition of the Customer Value selected below. | | | | | | |
|  | \*NOTE: “Confirmed” is defined to mean program/research/business plan has been discussed/approved, as appropriate, by Provost (for academic programs) or by appropriate Senior Vice President (as may be delegated) for administrative and athletic programs. | | | | | | | | |
|  | Urgent | Project required on a timeline that cannot be deferred, such as a funded grant deadline or schedule commitment to donor in an executed donor agreement, or in order to recruit a faculty member who has already accepted an offer, or a confirmed\* business case based on immediate opportunity, and for which no mitigation measures exist. | | | | | | | |
|  | *Enter supporting information/description of project value.* | | | | | | | | |
|  | Essential | Project required for execution of confirmed program and/or research commitment with grant funding or confirmed\* business case based on an opportunity with an extended timeline, and considered critical to the ongoing successful operation or accreditation of the program, research, and/or business plan. | | | | | | | |
|  | *Enter supporting information/description of project value.* | | | | | | | | |
|  | Important | Project required to enhance or expand existing program or research space, including existing program consolidation or growth. | | | | | | | |
|  | *Enter supporting information/description of project value.* | | | | | | | | |
|  | Discretionary | Project that can be deferred, possibly creating inconvenience, but with possible mitigation measures and/or deferral not seriously detrimental to confirmed\* program, research, and/or business plan. | | | | | | | |
|  | *Enter* supporting information/description of project value. | | | | | | | | |
| **8.** | **Attachment(s)**  **to Project Request Form** | Thank you for completing the Project Request Form. Please remember to include any documents requested above. Documents in electronic format (PDF, MS Word or Excel) are preferred, but if you have large format prints, we can arrange to have them picked up from your location. | | | | | | | |
|  | **File Name** | **File Type** | | | **Description** | | | | |
|  | File Name | File Type | | | Description | | | | |
|  | File Name | File Type | | | Description | | | | |
|  | File Name | File Type | | | Description | | | | |
|  |  |  | | | |  |  | | |
|  | | | | | | | | | |
|  | **REQUESTOR SIGNATURE** | Must be signed by the requesting Department’s Director or Authorized Agent | | | | | | | |
|  |  | | | | | | **Tuesday, August 15, 2023** | | |
|  | Name, Title | | | | | | Date | | |
|  | **SBO SIGNATURE** | Must be signed by the requesting Department’s Senior Business Officer (SBO) | | | | | | | |
|  |  | | | | | | Enter a date or use dropdown to select. | | |
|  | Name, Title | | | | | | Date | | |
|  | Senior Vice President | Must be signed by a Senior Vice President if project or study is reasonably anticipated to cost $250,000 or more. | | | | | | | |
|  | *Senior Vice President approval is solely to initiate project request. Requirements for capital project approval and other policies apply.* | | | | | | | | |
|  | **SBO SIGNATURE** | | | | | | Enter a date or use dropdown to select. | | |
|  | Name, Title | | | | | | Date | | |
|  |  |  | | | |  |  | | |

**NEXT STEPS**

**Please complete all sections, ensure required signatures are present, and upload this completed form along with any attachments using the “Choose File” selector and “UPLOAD” button that appear after you press “submit” on the initial request screen in FAMIS. You will receive an e-mail confirmation that your submission has been received. Facilities Planning and Management (FPM) staff will review this form for completeness and will notify you within five (5) business days if additional information is needed before we can process your Project Request. If the information is complete, you will receive an e-mail identifying the FPM manager assigned to your project.**

**Thank you for submitting your completed Project Request Form.**

**We look forward to working with you!**

1. “Estimate” ⮊ Prepared/managed by FPM Construction Project Services (FMS CPS). Applies only to project scopes that do not require design/permits, other than possible express permits, that can be executed by FMS CPS (in-house small project construction team). When "Estimate" is requested, FPM will determine whether the requested scope can be estimated and executed by FMS CPS; a non-refundable fee is required for code/viability check by Capital Construction Development (CCD). If approved for execution by CPS, an estimate will be prepared and the work can proceed upon receipt of funding. If FMS CPS cannot perform the requested work, you will be contacted and requested to select another service. [↑](#endnote-ref-1)
2. “Concept Study” ⮊ Prepared by Capital Construction Development (CCD): Suitable for conceptual space program, early visioning, and concept layouts. Can be used to support fund-raising efforts. Includes high level Rough Order Magnitude (ROM) cost, or range of cost. Requires a project management fee. [↑](#endnote-ref-2)
3. “Feasibility Study” ⮊ Prepared/managed by CCD. More detailed investigation, including study of existing conditions, concept layouts based on detailed space program. Includes more detailed ROM estimate of cost. Suitable for making go/no go decision on initiating full design and construction project. Feasibility Study will be the default selection if FPM determines that sufficient information about existing conditions is not readily available (requiring more detailed investigation) and/or insufficient information on new program, new scope, customer budget limit and schedule limit expectations. Requires a project management fee. [↑](#endnote-ref-3)
4. “Design/Construction Project” ⮊ Prepared/managed by CCD. Applies only if determined by FPM that sufficient information about existing conditions is readily available, detailed space program and scope description are sufficient, and customer budget limit and schedule limit expectations appear to be appropriate for the conditions, program, scope, and schedule requested by the customer. Requires a project management fee. [↑](#endnote-ref-4)
5. Primary customer contact. [↑](#endnote-ref-5)
6. Person within Customer organization that has decision-making authority regarding scope, schedule, and budget for this project. [↑](#endnote-ref-6)
7. Person within Customer organization to notify in the event of an emergency. [↑](#endnote-ref-7)
8. Classroom, Auditorium, Teaching Lab. [↑](#endnote-ref-8)
9. Lounge, Study Area, Group Meeting Rooms, Lockers/Storage. [↑](#endnote-ref-9)
10. Identify the intended physical features and/or modifications to the space(s) comprising the project. Include specific expectations and requirements for the completed project as applicable to the project types above. [↑](#endnote-ref-10)
11. Identify any restrictions in the work hours (e.g., can only work between certain hours to avoid disruption to ongoing academic, research, or administrative activities), special events that will prevent work, etc. that need to be addressed/included. [↑](#endnote-ref-11)
12. List all work you propose to manage and pay for directly (an example would be packing/moving/storage costs). [↑](#endnote-ref-12)
13. Program, Project, Gift, Grant number. [↑](#endnote-ref-13)
14. Grant already approved – Provide copy of grant document(s) that indicate requirements, rules, restrictions on use of funds for design and /or construction costs, etc. [↑](#endnote-ref-14)
15. Grant – application in process or to be submitted. Provide copy of grant document(s) that indicate requirements, rules, restrictions on use of funds for design and/or construction costs, etc. [↑](#endnote-ref-15)