



Major Maintenance/FIF Project & PO Request Form

**Please refer to the instructions file for direction*

Project Info.	To Be Completed by Requestor		
Project Name:			
Project Justification & Root Cause Summary:	<i>Summary:</i>		
	Problem:		
	Cause:		
	Proposed Resolution:		
Engineering Support:	<input type="checkbox"/> Repair (Not Req'd.) <input type="checkbox"/> Equal Component Replacement (Optional) <input type="checkbox"/> System Replacement (Required)	ESG POC:	
FIF/Major Maintenance Eligibility:	<input type="checkbox"/> Athletics, Auxiliares and Housing – ISD or direct funding from department requested <input type="checkbox"/> Academics, Admin., Other (FIF/MM) <input type="checkbox"/> Hardscape, Exterior, Utilities (FIF/MM)	ISD Requested by:	
Funding Request	To Be Completed by Requestor		
Vendor:		Estimated Start & End Date: (REQUIRED)	
Amount:		Spend Category: (REQUIRED)	
PO/Task Order	To Be Completed by Requestor		
PO Eligibility Checklist	<p>These guidelines are intended to help determine whether a project qualifies as:</p> <ul style="list-style-type: none"> • Repair work, which can be contracted via a Purchase Order (PO) with the <i>Repair Work Services Rider</i> dated 4/15/25 attached, or; • Construction work, which requires a formal contract due to regulatory, permitting, and/or design requirements. Contract requests shall be submitted to the FPM contracts team via e-Builder/Trimble. <p>The Repair Work PO process may be utilized by FMS for repairs and minor modifications performed within existing facilities and must meet all the Repair Work Criteria outlined below. If all the following criteria are met, the work may be contracted using a PO with the <i>Repair Work Services Rider</i> attached. See instructions file for additional guidelines.</p>		

	<p><u>Repair Work Criteria (Check all boxes that apply):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Los Angeles Department of Building and Safety Department (LADBS) permit is NOT required for this work type. <input type="checkbox"/> Scope of work is for repair work. Repair Work shall consist of “Like-for-like” repairs, or Emergency work, as defined below: <ul style="list-style-type: none"> a. Like-for-Like Repairs: <ul style="list-style-type: none"> i. Replacing components in the system (as opposed to replacing the entire system) ii. Require no modifications to surrounding infrastructure (no change in dimensions, structural load, electrical load, duct/piping sizes, etc.) b. Emergency work includes all of the following: <ul style="list-style-type: none"> i. Investigative work or exploratory demo ii. Equipment failure iii. Leaks or flooding iv. Property damage v. Health or safety hazards (e.g., uneven surfaces, fall hazards, etc.) <input type="checkbox"/> Total PO value (inclusive of tax) is below \$100,000.00 <input type="checkbox"/> Scope does not include significant design or engineering design and does not require any stamped architectural or engineering drawings. <input type="checkbox"/> Work is being managed by, and contracted directly, with FMS. <input type="checkbox"/> No or limited subcontractor involvement. <input type="checkbox"/> Scope of work includes Hazardous Materials Abatement (e.g., Asbestos, Lead, Biologicals, Subsurface contaminants, etc.) <ul style="list-style-type: none"> <input type="checkbox"/> N/A <input type="checkbox"/> An approved blanket COI for the approved abatement contractor must be on file. <input type="checkbox"/> Total abatement costs must be under \$10k <input type="checkbox"/> Work does not require any of the following criteria: <ul style="list-style-type: none"> a. Mobile crane or Hoist b. Heavy equipment (e.g. Loader, Excavator, Backhoe, etc.) c. Confined Space Entry d. Excavation e. Scaffolding <input type="checkbox"/> Work does not require development of a site-specific health and safety plan for approval by the FPM Health and Safety Team.
Exception Request:	
<p>Task Order Requirement: <i>To be confirmed with Contracts</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p><i>Verify that signed final Task Order Copy is attached to PO request. See instructions file for Task Order Requirements</i></p>

REQUIRED INFORMATION						
To Be Completed by Requestor (add lines as needed)						
Equipment Info.	Famis Asset Number	Equipment Tag	Description	Removal	Replacement	Refurbish
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approvals	Copy to Asset Management Database Administrator		
Project Manager/ Requestor:		Date:	
Maint. Manager Approval:		Date:	
	<i>MEP Associate Director or Zones Manager</i>		
O & M Dir.Approval:		Date:	
	<i>Mark Garcia-May/Margarita Cardenas, Director Maintenance/Operations</i>		
AR Program Approval:		Date:	
	<i>Judith Mass, Director of Asset Renewal</i>		
AVP Approval:		Date:	
	<i>Mark Mosley, Associate Vice President Facilities Management Services</i>		
Account Info.	To be completed by Director of Asset Renewal		
Select funding source: <input type="checkbox"/> Major Maintenance <input type="checkbox"/> Utilities <input type="checkbox"/> Facility Improvement Fund <input type="checkbox"/> Special Account <i>PPGG:</i> _____			
<input type="checkbox"/> ADA <input type="checkbox"/> Hardscape/Landscape <input type="checkbox"/> Building Envelope <input type="checkbox"/> Professional Services <input type="checkbox"/> Utility Repairs <input type="checkbox"/> BMS Controls <input type="checkbox"/> Doors <input type="checkbox"/> Elevators <input type="checkbox"/> Fire Life Safety <input type="checkbox"/> Other FIF Contingency			