



## **Planning Design and Construction In-House Project Request Form**

TSU Operations Department (OPS) Director is accountable for providing the maintenance and operation of physical facilities, including mechanical and electrical systems; building maintenance and repairs; utilities for the campus; environmental health and safety services; construction/renovation services; ground services; custodial services; and their related activities. Operations operates the steam and chiller plants, maintains the utility systems, and provides engineering and energy management support to the university.

**Purpose of Form:** To initiate and assist with planning, design, and construction estimating, and implementation of project requirements.

**When to Use:** When a department has a need for a project to be implemented within a definite timeframe, and funding source has been identified. Examples include: departmental relocations, furniture / work station configuration, interiors upgrades, furniture procurement, or renovations.

Prior to starting your project, consultation with Facilities Management (FM) is required. Various aspects of the project may be discussed during the consultation, including but not limited to:

1. Building modifications and code requirements (i.e. Americans with Disabilities Act (ADA) etc.
2. Electrical, HVAC, mechanical, or plumbing components
3. Access control requirements
4. Security and Safety devices or systems
5. Data or communication devices
6. Furniture layout and specifications

### **The project development process is as follows:**

1. A completed project form is e-mailed to Alison Poland, Project Coordinator [apoland@tnstate.edu](mailto:apoland@tnstate.edu) and copy Leah Granderson, Executive Director [lgrander@tnstate.edu](mailto:lgrander@tnstate.edu).
2. The form is assigned to a Project Manager for implementation.
3. The project manager will contact the requester and confirm the funding / project information and meet on-site.
4. A cost estimate will be developed to help with customer's budgeting.
5. Confirmation of funding in the estimated amount must be established, to proceed. This must be confirmed by e-mail.
6. Project manager meets with customer for consultation and development of project, and an expected schedule.
7. Project is design, and bid documents are prepared.
8. Project is built, completed, inspected by all pertinent parties, and accepted when/ as appropriate.

Please Note: Workmanship, materials, and equipment warranty is enforced for 1 calendar year; beyond that, future physical requirements will be satisfied with maintenance work orders.

**Form IP-1**

**Step 1: Complete the following information:**

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

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Office Location: \_\_\_\_\_

Project Location: \_\_\_\_\_ Room Number(s): \_\_\_\_\_

Department Currently Occupying Space: \_\_\_\_\_

Funding FOAP: \_\_\_\_\_ Estimated Project Budget: \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**Project Description: Describe in detail the project purpose, justification and desired completion date. (give as much information about the request as possible – submit only one request at a time, unless they are related):**

**Signatures/APPROVALS:**

**Primary Requestor:** \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ Email: \_\_\_\_\_  
Name

**Department Head/  
Supervisor:**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Signature Director or Dean

\_\_\_\_\_  
Date

**Will this project result in change in the functional use or re-allocation of space between programs/users?**

**No**                       **Yes** (If Yes, signatures are required from those listed below)

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Staff

\_\_\_\_\_  
Date

**Project Description:** Describe in detail the project purpose, justification, and desired completion date.

**Complete the information below to the best of your ability.**

**If your project requires any of the following, check yes and explain. Otherwise check no.**

1. Building modifications

Yes    No

2. Electrical requirement

Yes    No

3. Plumbing connections

Yes    No

4. HVAC Modifications

Yes    No

5. Venting Requirements

Yes    No

6. Access Control Requirements

Yes    No

7. Security Devices

Yes    No

8. Data or Telephone Communication Devices

Yes    No

9. New Furniture or Space Planning Needs

Yes    No

10. Other anticipated needs:

Yes    No

**Space Assessment**

1. Is this a request for “new” space (not assigned to you currently)? If no, go no further.

Yes    No

2. If yes, has a space request been submitted for approval?

Yes    No

3. Has the request been approved?

Yes    No

