Tennessee State University
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 <u>definite</u> timeframe, <u>and funding source has been identified</u>. 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 Fabien Jolivette, Director of Planning and Design fjolivette@tnstate.edu and copy Leah Granderson, Executive Director 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):

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[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
[                                                                    ]
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Signatures/APPROVALS:

Primary Requestor: _____ Phone _____ Date _____ Email: _____
                            Name

**Department Head/
Supervisor:** _____
                      Supervisor Signature

            _____   _____
                      Signature Director or Dean   Date

Will this project result in changes to 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.

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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