

Req # (Internal) _____



PROJECT REQUEST FORM

The purpose of this form is to collect preliminary project information. Once the Project Request is received, a Project Manager or Space Planner will be assigned to your project and will meet with you to develop a detailed scope of work.

This form is not for routine maintenance or repairs. Please [click here](#) for the Work Order Form.

Campus: _____ Unit/Dept: _____

Building: _____ Room No./Loc: _____

PROJECT TYPE: *(Check all items that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Renovation of Existing Space | <input type="checkbox"/> Changing Use of Space | <input type="checkbox"/> Allocation of New Space |
| <input type="checkbox"/> Optimization of Space | <input type="checkbox"/> Divestiture of Space | <input type="checkbox"/> Lease/Sublet Space |
| <input type="checkbox"/> Project Planning/Space Programming | | |

PROJECT SCOPE:

Provide a brief description of your project request:

- | | |
|--|--|
| <input type="checkbox"/> Space Renovations | <i>(Finish Changes, Cabinets, Painting, Accommodating New Equipment)</i> |
| <input type="checkbox"/> Floor Plan Alterations | <i>(Door/Exit Changes; Modifying, Removing, or Adding Walls)</i> |
| <input type="checkbox"/> Structural Changes | <i>(Adding Large Openings, Compact Storage, or Heavy Equipment)</i> |
| <input type="checkbox"/> Mechanical Changes | <i>(Plumbing, Ventilation or Equipment, Connections, Mech Rooms)</i> |
| <input type="checkbox"/> Electrical Changes | <i>(Lighting, Power, Fire Alarm or Equipment; New or Connections)</i> |
| <input type="checkbox"/> Voice/Data Terminals | <i>(Network Connections for Telephones, Computers, or Equipment)</i> |
| <input type="checkbox"/> Audio Visual Equipment | <i>(Classroom Technology, Screens, Projectors, Flatscreens)</i> |
| <input type="checkbox"/> New Furnishings | <i>(Furniture, Window Coverings)</i> |
| <input type="checkbox"/> Interior/Exterior Signage | <i>(Classrooms, Wayfinding)</i> |

FUNDING SOURCE:

Do you have funding available for renovations? ☐ Yes ☐ No

Is this request to be funded with research grants? (If yes, check all items that apply) ☐ Yes ☐ No

☐ CFI Funded in Whole or in Part ☐ RSF Funded in Whole or in Part ☐ Other

AUTHORIZATION:

Project Contact: _____ Phone/Email: _____

Signing Authority: _____ Signature: _____

* Signing authorities are University of Manitoba Deans and senior executives.

****ATTENTION – Completed/Signed Project Request Forms to be sent via email to projreq@umanitoba.ca**