Facilities Improvement Project Request Form

Requesting Individual & Department:		Dept:		
Supervising Cabinet Member:				
Project Name:Purpose:				
Projected Scope of Proposed Project (e.g. space, space studies, etc.). If any part of the space (room size, configuration, and/or roop proposed changes; and (c) Dept. or Office of	ne proposed om type, ple	d project ease des	is a renovati cribe: (a) Spo	ion of existing space that chang
Project Identified in Master Plan? Y		No	Not Sure	Master Plan Page:
If "No" , Discuss Special Urgency in Initiatir	ng this Proje	ect:		
Is there a contractor, vendor, or other in-ho be utilized in analyzing, designing or other and certify any existing relationship between	wise carryir	ng out th	e proposed p	project? If "Yes" , please identif
Is this contractor, vendor, or other in-house working with the Maintenance Departmen			-	
Project:				
How is the new project consistent with the	College's N	Aission a	nd Strategic	Plan?
What will be the projected benefit of the proj	roject to th	e studen	ts/faculty/st	aff at Daemen?
Other comments regarding the benefit of t	his project	to the Co	ollege	
SIGNATURES:				
Signature of Cabinet Member Approving I	Project	Date	Approved	Date Not Approved
Signature of President of the College (if reworking under the jurisdiction of the President	-	staff	 Date	