

# IN-HOUSE PROJECT APPROVAL FORM

## FACILITIES MANAGEMENT & CAMPUS PLANNING

Facilities Management & Campus Planning oversees the management of facilities planning, design, and construction for City College of New York. We function as the liaison between CUNY, consultants and contractors, in guiding the process of planning, design, and construction of new facilities or renovations. We are responsible for ensuring that these processes adhere to the programmatic, aesthetic, and financial priorities of CCNY. We also provide technical expertise concerning engineering, building code compliance, architectural design and construction management. Additionally, we provide planning and design for the procurement of furnishings. The purpose of the In-House Construction Project Approval Form is to identify the proposed work and request administrative authorization prior to beginning the work. Review and approval by both the administration for the requesting department, Facilities Management, and the Provost is required for all projects that meet one or more of the following criteria: Each project request will be reviewed in conjunction with CCNY's Space Planning Committee discussions.

1. Involves construction of a new or renovation of a facility, building addition, or utility infrastructure.
2. Involves purchase and/or installation of flooring, system furniture (e.g. partitions, workstations, etc.), scientific equipment, portable colling units (or similar), etc.
3. Establishes new uses for University space.
4. Involves exterior site features including but not limited to sculptures, monuments, memorials, and art work.

**Project Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Campus Location:** \_\_\_\_\_ **Space Type:** \_\_\_\_\_

**Requestor Name:** \_\_\_\_\_ **Fund Account:** \_\_\_\_\_ **Budget:** \_\_\_\_\_  
\*Define whether funding is tax levy or non-tax levy

**Projected Deadline:** \_\_\_\_\_ **Project Contact (Name/Email/Tel.):** \_\_\_\_\_

**Project Description: Provide a brief description of the work to be performed, including all parties involved/affected. (Attach drawings & photos if needed). Please specifically indicate if flooring is impacted. Please also share details on funding source.**

### APPROVAL

Approval Signatures	Signature	Date
Chair/Director/Dean of Department		
Facilities AVP/Campus Planning Director		

**To submit this form:** After obtaining signature approval from relevant parties, either deliver a physical copy of this form to Office of Facilities and Campus Planning & Design in Compton Goethals CG-14 OR scan and email this form to [Campus.Planning@ccny.cuny.edu](mailto:Campus.Planning@ccny.cuny.edu)

This page is to be completed by Facilities Management & Campus Planning only.

**Scope of Work:** Provide a detailed description of work agreed upon to be performed by all parties involved.

### SERVICES NEEDED

Associated tasks to be performed and/or staffing required to complete project

- |                                     |                                    |                                    |  |                                     |
|-------------------------------------|------------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Design     | <input type="checkbox"/> Disposal  | <input type="checkbox"/> EHOS      | <input type="checkbox"/> Maintenance   | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> HVAC       | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing  | <input type="checkbox"/> New Furniture | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Painting   | <input type="checkbox"/> Flooring  | <input type="checkbox"/> Custodial | <input type="checkbox"/> Signage       | <input type="checkbox"/> Phone      |
| <input type="checkbox"/> IT/Telecom | <input type="checkbox"/> Laborers  | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Shades        |                                     |

### IT Support Services

- |   |   |
|---|---|
| <input type="checkbox"/> Computer Technicians | <input type="checkbox"/> Telecommunications / Phone |
|---|---|

### External Services

- Architect: \_\_\_\_\_
- Contractor: \_\_\_\_\_
- Engineer: \_\_\_\_\_
- Company: \_\_\_\_\_

**Note:** Scope of Work is limited to written description here. Tasks or items not listed will be considered outside of the Scope of Work.