

CAMPUS CONSTRUCTION / PROJECT REQUEST FORM

The *Campus Construction Project Request Form* is for employees to request construction projects, remodels or other large projects for classrooms, offices or other District property/spaces, with estimated costs from \$10,000 and up. For furniture-only requests please contact Purchasing or utilize the Program Review Process. For Facilities type repair requests including window repair, light replacements or cleaning etc, please use the Facilities Work Order System <https://www.sbcc.edu/facilities/>.

STEP 1: Requester, please schedule a 30 minute meeting including Director Facilities, Purchasing Manager, Assistant Controller and if applicable, the Risk Manager, to complete Sections A, B, C, and D together. Requester to complete Step 2. Step 3 will be completed by the Facilities Director.

Section A: PROJECT DESCRIPTION (example, Administration Building A160 Classroom Remodel)

Requester Name/Title: _____
 Requester Department: _____
 Requester Signature: _____ Phone: _____
 Supervisor's Name/Title: _____
 Supervisor's Department: _____

Section B: SCOPE OF PROJECT (Please provide details such as, "A160 Classroom Remodel would include Paint, Carpet, Furniture, Equipment, all as part of a major classroom Remodel.")

Desired Project Start Date: _____ Estimated Project End Date: _____
 When would this Project need to be completed?: _____
Is this a Health and Safety Project? (check one with "X"): *YES _____ NO _____ UNKNOWN _____ *If YES, please provide more detail below and include the Risk Manager in the meeting to complete this form:

Section C: FURNITURE New furniture purchases must be Campus Standard or approved by Purchasing.

Do you request to surplus old furniture no longer needed after project completion?: YES, Surplus _____ NO, Keep _____
 Refer to Education Code §81450 and §81452 and SBCC AP6550. Purchasing Manager to complete the below Section C items:
 Type and Quantity of Equipment/Furniture to be stored/Moved: _____

 Storage location(s) if applicable: _____ Department Label: _____
 Length of time item(s) will be stored: _____

Section D: COSTS AND FUNDING SOURCE(S)

There is a \$99,100 bid threshold for equipment/supplies and \$60K bid threshold for public works/construction services that may add approximately 4-8 weeks to the process if applicable.

Planning Phase Costs: _____ Drawing Phase Costs: _____
 Construction Phase Costs: _____ Equipment Costs: _____
 Additional Costs: _____ Total Project Estimated Cost: _____

Does this project require District of the State Architect (DSA) approval? (check one with "X"): YES _____ NO _____ Does this project require a DSA Inspector? (check one with "X"): YES _____ NO _____

Funding Source (check one with "X"): Unrestricted General Fund _____ Categorical/Grant _____ Foundation _____ Other _____
 Budget Number: _____

FUND	ORG	ACCOUNT	PROGRAM
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Is this project cost in excess of \$50,000? (check one with "X"): *YES _____ NO _____ *If YES, this needs approval by Presidents Cabinet (PC). Date of PC Approval: _____

STEP 2: PROJECT APPROVAL SIGNATURES (Requester to provide form to the below signers)

 Area Supervisor/Dean Name/Signature Date Approved Denied

 Area Vice President Name/Signature Date Approved Denied

 Vice President, Business Services Name/Signature Date Approved Denied

 *Purchasing Manager Name/Signature Date

*Purchasing Signature for Furniture/ Equipment Requests only

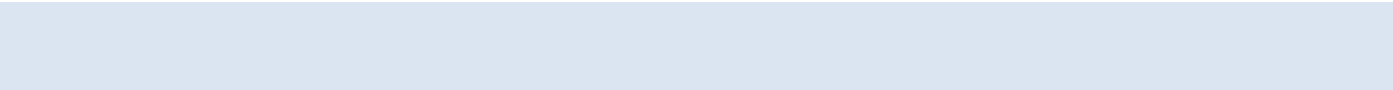
 *Risk Manager Name/Signature Date

*Risk Manager acknowledgment of Health and Safety concern, only if indicated in Step 1; Section B

STEP 3: PROJECT NEXT STEPS (Facilities Director to complete Step 3; Section E, F & G below)

Section E: APPROVAL STATUS (Check one with "X"):

- _____ APPROVED This Project is approved as requested. All signatures were completed in Section 5, above.
- _____ REVISED An alternate scope is recommended. Requester to revise the Scope in Section B for re-submission.
- _____ DENIED This project was denied, indicate reason below:



Section F: BOARD APPROVAL

*Does this contract for the project/services require Board of Trustees approval?: YES ___ NO ___ If YES, Board Meeting Date: _____ Purchase Order: _____

Section G: PROJECT SCHEDULE

Construction Management Company: _____

- ✓ Start Schematic Plans: _____
- ✓ Advertise Bid for Construction: _____
- ✓ Board Approval Date for Bids/Contracts: _____
- ✓ Start Preliminary Plans: _____
- ✓ Award Construction Contract: _____
- ✓ Start Working Drawings (WD): _____
- ✓ Complete Construction: _____
- ✓ Complete WD: _____
- ✓ Complete Furniture Move In: _____
- ✓ Submit WD to Division of State Architects (DSA): _____
- ✓ DSA Approval of WD: _____
- ✓ Complete Owner Move In: _____
- ✓ Project Completion Date: _____
- ✓ Notice of Completion File Date: _____

After Form completion, Facilities Director return completed form to the original Requester, including its assigned number (top)