



# Project Authorization Form

All facility modifications require appropriate planning and funding. This form will facilitate the process to authorize and coordinate projects. Upon submitting this form, a representative from Facilities Management will contact you to verify the project scope and schedule. A final project scope, schedule, and budgetary project cost estimate will be provided for review and approval. **NO WORK MAY COMMENCE WITHOUT A FULLY EXECUTED PROJECT AUTHORIZATION FORM.**

Facilities Management cannot guarantee that projects will be completed by the preferred date of completion. Some projects will require additional review by the South Carolina Office of State Engineers and could possibly delay the project beyond preferred date of completion. In addition, procurement procedures could cause delays as well.

PART ONE: BASIC PROJECT INFORMATION			
Section completed by department requesting project.			
REQUESTOR INFORMATION   DIRECTOR or DEPT. HEAD		POINT OF CONTACT INFORMATION   BUILDING COODINATOR	
NAME:		NAME:	
PHONE:		PHONE:	
DEPARTMENT:		DEPARTMENT:	
PROJECT REQUEST INFORMATION			
DATE OF REQUEST:			
BUILDING:			
ROOM NUMBER(S) & EXISTING FUNCTION:			
CURRENTLY OCCUPIED:			
PREFERRED DATE OF COMPLETION:			
BUDGET FUNDS AVAILABLE:	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT AVAILABLE: \$	FUND CODE:
IF NO, HOW WILL PROJECT BE FUNDED:			
PRIORITY CODE:	<input type="checkbox"/> LIFE SAFETY	<input type="checkbox"/> FUNCTION	<input type="checkbox"/> AESTHETIC
<b>NOTE: Priority code will not be used to determine the approval or denial of project request.</b>			
ALIGNMENT OF PROJECT WITH THE WINTHROP PLAN (goal & initiative):			
<b>NOTE: How project supports the Winthrop Plan will not guarantee that the project will be approved.</b>			

**PROJECT DESCRIPTION:**

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**SPECIAL EQUIPMENT AND REQUIREMENTS:**

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The following signatures acknowledges that the project has been fully reviewed and will be forwarded to Facilities Management for a feasibility and cost review.

Project Director or Department Chair	Dean or Associate Vice President
SIGNATURE / DATE	SIGNATURE / DATE
Vice President	
SIGNATURE / DATE	

Forward Project Authorization Form along with all documents relating to special equipment specifications and/or special instructions to [huberk@winthrop.edu](mailto:huberk@winthrop.edu). Facilities Management personnel will return Project Request Form along with written quotes to person requesting the project who will be responsible for obtaining final approval and signatures from the appropriate individuals. Submit written questions about the process to [facilitiesmanagement@winthrop.edu](mailto:facilitiesmanagement@winthrop.edu).