

Facilities Planning and Construction

Building Modification Request For Estimate & Concept Approval

College/Department: _____ Project No.: _____
(# assigned by FP&C)

Building/Room(s) Number(s): _____

Initiator (Name & Title): _____ Phone Number: _____

Initiator Email: _____

STEP 1 – REQUEST

1. What type of area does this project affect? Classroom Space Laboratory Space Outdoor Space
 Office Space Reception Other Space
2. What department is the primary user of this space? _____
3. Do other departments use this space? If so, who and when? _____
4. If this space is a classroom or laboratory, what is the weekly utilization in hours? _____ (*Please contact Jessica Manning in the Special Events Facilities/Services Office for the most up to date information at Jessica.Manning@angelo.edu or at ext. 2021.*)
5. Will this request include a change that will need (check all that might apply)?
 additional lighting electrical outlets heating & cooling furnishings
6. Will this modification require or utilize additional (check all that will apply and if known number of each)?
 computer outlet(s) #____ projector(s) #____ projector screen(s) #____
 telephone(s) #____ teaching console(s) #____ chalk board(s) #____
 marker board(s) #____ cubicle(s) #____
 smart classroom technology (includes podium, pc, projector, wireless tablet, pole vault, and screen)
7. Will this modification have an effect on any of the Texas Higher Education Coordinating Board criteria of
 Excellence Participation Success or Research in “Closing the Gaps”? (Please see link to THECB below)
http://www.txhighereddata.org/Interactive/Accountability/UNIV_Participation.cfm?FICE=003541

Please address each of these applicable items below and what the effect will be. (Attach additional page if necessary)

8. For this project:
 - a) Funds available? YES NO b) Account # _____ Account name _____
 - c) Approval of budget authority _____
(name and title of signature authority on account)
 - d) What amount is available? _____

Please describe in specific detail what you are requesting. Attach additional page(s) if required. If possible include photographs or sketches showing what is desired.

STEP 2 - CONCEPT APPROVAL:

Department Name _____ Approve Disapprove Date: _____

Printed Name: _____ Signature: _____

Executive Director of Business Services (Space Utilization and Compliance)

Approve Disapprove Date: _____

Printed Name: _____ Signature: _____

Appropriate Dean or Vice President's Office _____

Approve Disapprove Date: _____

Printed Name: _____ Signature: _____

Budget Office Approval:

Funds are:

Available Appropriate

Date: _____

Printed Name: _____ Signature: _____

Please forward completed form to Facilities Planning and Construction (FP&C) to receive an estimate of modification feasibility, costs, and approximate time to complete project. You will be notified by FP&C with estimate and instructions to obtain "Final Funding Approval".