

Facilities Planning and Construction



Building Modification Request Form

College/Department: _____ Project No. _____

Building: _____

Initiator: _____ Phone No. _____

Initiator Email: _____

Department: _____ Phone No. _____

Step 1 – CONCEPT APPROVAL

1. What type of area does this project affect?

Classroom Space

Laboratory Space

Outdoor Space

Office Space

Reception Space

Other Space

2. What department currently occupies this space?

3. What time is the space occupied? (class sessions or hours of operation)

4. Do other departments use this space? If so, when?

5. If this space is a classroom or laboratory, how many class sessions are taught and how many students attend each session? Semester?

6. Will this request include a change or addition to the electrical outlets or lighting in the room?

7. Will this request include a change or modification to heating and cooling in the room?
Examples: new walls or computers?

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8. Will this modification require additional computer outlets, a projector, a projector screen, smart board, television, teaching console, or document camera? If so, please list all equipment desired.

9. Will new marker boards or chalk boards be desired as a result of this modification? If so, where and how many?

10. Will additional equipment be added to the room as a result of this modification? If so, what equipment will be added and what kind of power does it require? Please be very specific including any literature.

11. Will the modification requested increase/decrease the use of this room? Please be very specific in terms of additional/fewer hours per week or additional credit hours per week.

12. Does this request support the Centennial Campus Plan in terms of additional space (based on utilization data) utilization?. Please provide how this will or will not support utilization plans?

13. 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 address each of these items below and what the effect will be.

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Operating Costs:

If project results in additional annual costs in operations, reserves for replacements, or other operating costs, please fill out the portion below.

Account Name: _____ Account Number: _____

Account Manager Signature: _____

Account Name: _____ Account Number: _____

Account Manager Signature: _____

Account Name: _____ Account Number: _____

Account Manager Signature: _____

Will additional staff be required as a result of this modification? _____

Will additional IT support be required as a result of this modification? _____

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 Vice President Office _____ Approve ___ Disapprove ___ Date: _____

Printed Name: _____ Signature: _____

VP of Finance: _____ Approve ___ Disapprove ___ Date: _____

Printed Name: _____ Signature: _____

Step 2 – ESTIMATED COST and RECOMMENDATIONS (Routing: Submit in order noted) FACILITIES MANAGEMENT CONCEPT APPROVAL

Date Received by Facilities Planning and Construction _____

Received By: _____

Has Initiator been notified that the project has been received by OFPC? _____

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Who Notified Initiator? _____ Date: _____

Is Project Consistent with Campus Master Plan? Yes _____ No _____

Is Project Consistent with Space Management Policies? Yes _____ No _____

Does the Project affect space utilization in a positive or negative manner? _____

Does the project address the THECB criteria? _____

Will other areas/departments be impacted by this modification? Yes _____ No _____

If other areas/departments are impacted, what areas/departments and how will they be impacted? _____

Approval of Impacted area/department: _____

ESTIMATE:

Will estimate be generated by OFPC, Facilities Management, or by a Contractor? _____

Assigned to _____ on Date: _____

Architect/Engineering Required: Yes _____ No _____

ADA Review Required: Yes _____ No _____

IT Consultant Required: Yes _____ No _____

Information Technology Estimate Required: Yes _____ No _____

Date Sent to IT for Estimate: _____ Date Received From IT: _____

FPC Estimate: \$ _____ Work by: ___ ASU Staff ___ JOC ___ Contractor ___ Others

A/E Fees Estimate \$ _____ Firm _____

IT Estimate: \$ _____ Work by: ___ ASU Staff ___ JOC ___ Contractor ___ Others

Total Project Cost: _____

Facilities Management Approval: Approved ___ Disapprove ___ See Comments ___

Date Estimate Completed: _____

Date Estimate Sent to Initiator: _____ Sent By: _____

Date Initiator Notified Estimate is Completed: _____

Notified By: _____

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Estimated Time to Complete Project: _____

Comments:

Step 3 – FUNDING APPROVAL (Routing: Submit in order Noted)

Project Cost: _____

Account Name: _____ Acct. No.: _____

Total Funds: \$ _____ Account Manager: _____

Account Manager Signature: _____

Final Approval

Initiator: Approved ___ Disapprove ___ See Comments ___ Date: _____

Dean/Department Head: Approved ___ Disapprove ___ See Comments ___ Date: _____

Dean/Department Head Name: _____ Signature _____

Appropriate Vice President: Approve ___ Disapprove ___ Date: _____

Vice President Name: _____ Signature _____

Account/Funding Approval:

Vice President Finance and Administration: Approve ___ Disapprove ___ Date: _____

VPFA Signature: _____

PROJECT ASSIGNMENT:

Date Project Received by Facilities Planning and Construction: _____

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Project Assigned to: (project manager) _____

Date Project Assigned to A/E: _____

Date Project Assigned to IT Consultant: _____

Date Project Assigned to Contractor or FM Staff: _____

Date Project Completed: _____

Facilities Planning and Construction: Building Modification Form Instructions

Fill out all of Step 1 – Concept Approval, fully and completely and with as much detail as possible.

1. Check one box, if other, fill in what that space is used for.
2. Is there only one department using this space?
3. Daytime, nighttime, weekends, what hours specifically? This should include all semesters/uses.
4. Which departments also use this space and what hours and days do they use it?
5. Provide summer, fall, spring class times and average attendance for this space.
6. Will there be a new computer, projectors or new appliances added? Will lighting need to be directed in a specific area? Will lighting need to be switched differently?
7. Will walls be added to this room? Will additional computers or other electronic equipment be added to this room? If so, please provide specific equipment information including location, electrical requirements and any special connections required.
8. Please provide a list of new technology equipment to be added and a specific location.
9. What size boards will be needed? Are there already boards up that will be replaced? Ex. bigger board or newer board or moving to a different wall.
10. Some equipment might need a special electrical outlet or higher voltage. Please provide “cut sheets” for each piece of equipment and the location it will be placed.
11. Will the room be used by more students and therefore more hours
12. See the Campus Master Plan on the angelo.edu website under faculty and staff tab for more information.
13. How will this change affect excellence, participation, success or research in getting Texas out of the bottom 3 of the education list in the country?
14. Is this change needed to adapt to more students, more classes, and easier access? What are the enrollment numbers and how much have they changed over the past five years?
15. Please fill out in specific detail what this project will entail. Sketches and photos will help tremendously.

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16. How much money are you willing to spend on this project?
17. Where will the funds come from and who has the authority to spend these funds?
18. When would you like to be able to use this space with the improvements completed?
19. Is there a class or session going to be using the space when workers are going to be there? Is construction limited to weekends or evenings or a specific week?

Please fill out all questions completely and fully in as much detail as possible. Once approval is received from your department and vice president, this form will be routed to the Facilities Planning and Construction office for an estimate and concept approval. Once approval from Facilities Planning and Construction is received, the estimate will be sent back for final approval from the Dean/Department Head and Vice President and Vice President of Finance and Administration.