

Class/Office Room Renovation Request

Budget Year _____

If your department anticipates a class or office renovation during the next budget year due to changing needs of grant requirements please complete the form below.

Department Number: _____
Room Number (s): _____
Department Chair: _____ Ext. _____
Contact Person: _____ Ext. _____

Time Frame for Completion: From: _____ To: _____

Grant Funded Yes _____ No _____
Grant Title _____
Grant \$ for Renovation \$ _____

Approved PBIE Initiative: Yes _____ No _____ Year Approved _____

AVP / VP Approved: Yes _____ No _____

Renovation Required: Yes _____ No _____ Statutory Voluntary

New Flooring Required: Yes _____ No _____ Carpet Tile

IT Requirements: Yes _____ No _____

If yes, provide details:

Construction Requirements: Yes _____ No _____

If yes, provide details:

Electrical Requirements: Yes _____ No _____

If yes, provide details:

Plumbing Requirements: Yes _____ No _____

If yes, provide details:

Furniture Replacement: Yes _____ No _____ Est. Furniture Cost: _____
IT Equipment Disposal: Yes _____ No _____ \$ _____