|  |  |  |  |
| --- | --- | --- | --- |
| **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 or 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** |  |  |  |  |