

Capital Renewal & Deferred Maintenance (CRDM)

PROJECT REQUEST FORM

Business Services Only Request #: Project Title			
Building # Building Name			
Emergency or Immediate Funding* Yes No	Managing Shop/Area		
New Funding Request* Yes No	Add Funding to Project #		
Project Description/Scope (attach any es	stimate prior	to request):	
Plant Ops Use Only Desired Construction Start Date Desired Completion Date Contract Date			
Desired Construction Start Date Desired Comple		etion Date	Contract Date
*If Emergency Provide Justification and impact Shop Request:		Purchased Ma & Services	terial
on business continuity:		In-House Lab	or
		Contingency	
		Admin Fee (as applicable)	S
		Total Estimate	2
Requested By:	Date	Director:	Date
•		Division Administrator: Date	
Department Contact: Date		Division Administrator.	
Project Manager Assigned:		Executive Director, Facilities Management:	
Project Number Assigned:			
Funding Source:			
Submit completed Project Request Form to: George Rea, CRDM Program Coordinator E-mail: grea@central.uh.edu			