

## OTC PROJECT INITIATION

All construction, renovations, modifications or changes to existing facilities on campus require a Project Request Form before work on a project may begin. After obtaining the proper signatures, indicating the funding source, and completing the Project Request Form; submit to the office of the College Architect, RPM Building via online form, scanned pdf by email, hardcopy by interoffice mail or in person.

The required signatures include your Dean or Director, your Vice Chancellor or President. **The Chancellor's approval will be required only for new construction and remodel/reconfiguration projects.** These signatures indicate that the funding source is available and may be used for the project you are requesting.

When the properly completed Project Request Form is received by the College Architect, you will be contacted to assess your needs, determine the scope of work, resolve scheduling needs and begin the process to achieve your goals.

If you have any questions or concerns regarding the Project Request Form, please contact Harlan Hill, College Architect, RPM Building, 447-4810, [hillh@otc.edu](mailto:hillh@otc.edu).

**PROJECT REQUEST FORM**

Project Number \_\_\_\_\_  
(Assigned by the College Architect)

All construction, renovations, modifications or changes to existing facilities of Ozarks Technical Community College require a Project Request Form before work on a project may begin. The initiating department should complete this form, obtaining the proper signatures, and indicating the funding source. Submit the completed Project Request Form to the office of the College Architect in the RPM building office 107.

**PROJECT INFORMATION**

BUILDING OR ROOM TO BE MODIFIED: \_\_\_\_\_  
(Specify building name and room number)

DEPARTMENT REQUESTING MODIFICATION: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECT DESCRIPTION: (Describe overall project request, identify specific use, room numbers and detail of modifications requested)

**PROJECT FUNDING**

FUNDING SOURCE AND TITLE: \_\_\_\_\_ AMOUNTS AVAILABLE: \$ \_\_\_\_\_

Is this project being funded by a grant?

Will this project be paid using any federal funds?

What is the date required for project completion and occupancy?

What are the Funding Source deadlines and requirements for project completion?

**APPROVALS**

\_\_\_\_\_  
Dean or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice Chancellor or President (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chancellor (Required for New Construction and Remodel Projects)

\_\_\_\_\_  
Date

**Note:** Due to complexity of proposed project, date that Project Request Form is submitted and work load of currently approved projects, the requested project may be scheduled for the next fiscal year.

Date received by College Architect: _____	
<b>REVIEW DATE:</b> Facilities Management: _____	
<b>ASSIGN TO:</b> <input type="checkbox"/> Work Management: Date: _____	Work Order #: _____
<input type="checkbox"/> College Architect	Project Manager: _____
<b>REMARKS:</b>	<b>DATE:</b>
_____	_____
_____	_____