

# Repair and Rehabilitation Matching Fund Request

## PROJECT AND CONTACT INFORMATION

DATE: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_ BLDG: \_\_\_\_\_

ROOM/AREA: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

DEPT #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ Ext: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DESCRIBE SCOPE OF WORK FOR WHICH SERVICES IS REQUESTED:

DESCRIBE WHY YOU FEEL REPAIR AND REHABILITATION IS NEEDED

## BUILDING COMPONENTS INVOLVED IN PROJECT

*Check all that apply*

STRUCTURAL / FOUNDATION

SAFETY / FIRE PROTECTION

RESTROOM

WALL FINISH

EXTERIOR WALL

ELECTRIC

LABORATORY

FLOOR FINISH

WINDOWS

HVAC / PLUMBING

CLASSROOM

CEILING FINISH

ROOF

ELEVATOR

OTHER

DESCRIBE THE DEFERRED REPAIR COMPONENT TO BE ADDRESSED

## CONSTRUCTION SCHEDULE:

SPECIAL REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_

## BUDGET INFORMATION

TOTAL PROJECT COST ESTIMATE: \$

DEPARTMENT CONTRIBUTION: \$

ACCOUNT NUMBER: \_\_\_\_\_

*Department contribution amount and account number are required.*

FUNDING REQUEST: \$

Dean / Department Head / Authorized Personnel: \_\_\_\_\_

*A VP, Dean, Department Head or Authorized Persons signature is required to commit these resources, but does not authorize expenditure.*

## Additional Information Needed

If you have submitted an RPS to Physical Facilities for this project, please provide the information below:

PROJECT TITLE \_\_\_\_\_ PROJECT ID \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

## AUTHORIZATION TO PROCEED:

\_\_\_\_\_  
R&R MANAGER DATE

\_\_\_\_\_  
VICE PRESIDENT OF PHYSICAL FACILITIES DATE

\_\_\_\_\_  
EXECUTIVE VICE PRESIDENT AND TREASURER DATE

\_\_\_\_\_  
PROVOST / VP / DEAN / DEPARTMENT HEAD DATE