

PROJECT QUALIFICATION FORM

Fiscal Year

Project Title:

Project Description:

Building and Room

School / Department

Contact Person

Contact Phone ext

Contact E-mail:

Contact MS #

Status of Project

- Have Plans / Specification for Review
- Will Need Assistance in Developing Plans / Specifications
- Contractor Ready to Perform Work
- Have Furniture Layout for Review

Other

FUNDING DATA

Budget Estimate:

Fund Source:

Account Code / Peoplesoft Chartfields:

Note: State Funded Projects (General Fund) are limited to \$100,000

Academic Departments require Dean's Signature (Non-Academic Departments require Director, Division, or Department Head Signature)

Name/Title

Date

Signature

Facilities Planning Use Only

FMAX Project #

Project Manager