



# CAPITAL IMPROVEMENT WORK ORDER REQUEST

(Please print clearly)

INITIATOR: _____ TITLE: _____ LOC #: _____ FACILITY: _____ PROJECT #: _____ ADDRESS: _____ PROJECT TRACKING #: _____ REGION CTR.: _____ EXISTING WORK ORDER #: _____ W.O. DATE: _____	<b>FOR OCIP USE ONLY:</b> TA #: _____ PROJECT #: _____ PM: _____ CONTR: _____		
DETAILED PROJECT DESCRIPTION: Clearly, and in detail, explain the project scope. Are all code related items to be included or deferred through a DOE waiver? Are there other items of work required which may be incidental? Be specific. Attach a sketch and/or additional information if necessary. Include site survey, record drawings, FISH drawings/report (see attached forms). Ongoing/future project status (if applicable).  _____ _____ _____ _____			
<b>MARK IF APPLICABLE:</b> Is this work survey recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No      Five year work plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> New Space Added <input type="checkbox"/> New Student Stations <input type="checkbox"/> Renovation <input type="checkbox"/> Remodeling <input type="checkbox"/> Site Improvement <input type="checkbox"/> Close-Out			
<b>ASSIGN TO:</b> <b>A/EPC:</b> <input type="checkbox"/> THE ARCHITECTURAL PARTNERSHIP <input type="checkbox"/> PEREZ & PEREZ <input type="checkbox"/> LAURA M. PEREZ <input type="checkbox"/> EDWARDS & KELCEY <input type="checkbox"/> BROWN & BROWN <input type="checkbox"/> KVH ARCHITECTS <input type="checkbox"/> ACAI ASSOCIATES INC.	<b>SPC:</b> <input type="checkbox"/> ARCH <input type="checkbox"/> CIVIL <input type="checkbox"/> ELEC <input type="checkbox"/> INT. DSGN. <input type="checkbox"/> LNDCSP <input type="checkbox"/> MECH <input type="checkbox"/> STRUC <b>TEST &amp; BALANCE:</b> <input type="checkbox"/> EARL HAGOOD INC. <input type="checkbox"/> PRO-AIR GROUP <input type="checkbox"/> BAY TO BAY BALANCING	<b>MATERIALS TESTING:</b> <input type="checkbox"/> EVANS ENVIRONMENTAL <input type="checkbox"/> MACTEC <input type="checkbox"/> NUTTING ENGINEERS <input type="checkbox"/> PSI <input type="checkbox"/> PEICO  <b>SURVEYS:</b> <input type="checkbox"/> ALEMAN <input type="checkbox"/> BONFILL <input type="checkbox"/> BROWNELL <input type="checkbox"/> WEIDENER <input type="checkbox"/> OTHER _____	<b>ESTIMATING, VALUE ENGINEERING, SCHEDULING CONSULTANT:</b> <input type="checkbox"/> CONST. MGT. SVCS. <input type="checkbox"/> PACO GROUP <input type="checkbox"/> POST BUCKLEY <input type="checkbox"/> ADA ENGINEERING <input type="checkbox"/> COST MGT. INC.  <b>PROGRAM MANAGER:</b> <input type="checkbox"/> PARSONS <input type="checkbox"/> SOARES <input type="checkbox"/> URS
<b>DESIRED PROJECT SCHEDULE</b> <input type="checkbox"/> Date Report to PM _____ <input type="checkbox"/> Date Phase I due M-DCPS _____ <input type="checkbox"/> Date Phase II due M-DCPS _____ <input type="checkbox"/> Date Phase III due M-DCPS _____			
<b>CONSTRUCTION</b> <input type="checkbox"/> Start Date _____ <input type="checkbox"/> Completion Date _____			

**FUNDING: (TO BE COMPLETED BY INITIATOR)**

FUND	OBJECT	LOCATION	PROGRAM	BASIC % FEES	OTHER FEE	TOTAL FEE	CONSTR. ESTIMATE

PRINT NAME UNDER TITLE	AUTHORIZATION/APPROVAL SIGNATURES	DATE	PHONE
PROJECT MANAGER			
EXECUTIVE DIRECTOR, PROJECT MANAGEMENT			
WORK ORDER COORDINATOR			
CONSTRUCTION OFFICER'S DESIGNEE			
EXECUTIVE DIRECTOR, BUDGET VERIFICATION			
CONSTRUCTION OFFICER, <b><u>GREATER THAN 25 K</u></b>			