

INSTRUCTIONS FOR FILLING OUT THE PROJECT NUMBER REQUEST FORM

Location No: 9217

Form Title: Project Number Request Form

Form Description: This form is to request a Project Number. Form must be filled out and submitted. This form will be reviewed by the Department of Advance Planning and approved by the Maintenance Budget Officer or the Capital Budget Officer. The requestor will be notified of the results of this review.

Complete the form below in full. Upon completion, Email the form to Advance Planning, using the address "Advance Planning Project Appr" in outlook.

1. **Requesting Department:** Name of the department requesting the Project Number
2. **Location #:** Location number of the requesting department
3. **Site Name/Number:** Location name and number where the project is required
4. **Requesting Employee Name & ID:** Name and number of the employee requesting the project number
5. **Requestor Email:** Email address of the employee requesting the project number
6. **Year Funding Required:** Fiscal Year
7. **Funding Program Number:** Program number of the funding source
8. **Estimated Construction Budget:** Estimated construction budget for the project being requested
9. **Project Type:** Select the project type from the drop down selections. If one does not exist, select other.
10. **Student Stations:** Number of student stations this project will create
11. **Pull Out of Existing Project Y/N:** If this is part of another project
12. **If Yes, please enter Main Project #:** The project number for the existing project
13. **Is this a scope change Y/N:** Is this project required because of a scope change in the existing project
14. **Survey Recommend Y/N:** Is the proposed project recommended in the most recent state approved survey?
15. **5 Year Work Plan Y/N:** Is this project part of the 5 year work plan
16. **Scope of Work:** The scope of the project being requested. Be as brief and specific as possible.

Note: *Project Numbers are not available to the Finance System until budget has been assigned.*



MIAMI-DADE COUNTY PUBLIC SCHOOLS PROJECT NUMBER REQUEST

Requesting Department _____ Location # _____

Site Name/Number _____

Requesting Employee Name _____ Requesting Employee ID _____

Requestor Email _____ Year Funding Required _____

Funding Program Number _____ Estimated Construction Budget _____

Project Type _____ Student Stations _____ Pull Out of Existing Project? _____

If Yes, please enter Main Project # _____ Is this change in scope? _____

Survey Recommended? _____ 5 Year Work Plan? _____

Scope of Work
