REQUEST FOR PROJECT ASSIGNMENT
PALM BEACH COUNTY
FACILITIES DEVELOPMENT & OPERATIONS

This form is to be completed for all project requests (facility improvements, demolitions, repairs, installations, move services, etc.). Completed forms are to be emailed/sent to the FMD Regional Manager for the region in which the project work is to be done. Incomplete request forms will be returned until all information is provided in a proper and detailed manner as is necessary to determine both the priority and viability of said request.

Requesting Department/Division/Office: _____

Requesting Customer Contact Info: Name/Title: _____   Phone: _____

Authorized Signature: (Division Director or Above) _____   DATE: _____

SERVICE REQUESTED

Building: _____   Room#: _____

Address: _____

Date Service is Required/Scheduling Considerations:

_____

Project Type (*Check All That Apply*):

☐	Real Property Acquisition
☐	Real Property Disposition
☐	Real Property Exchange
☐	Real Property Lease
☐	New Facility Construction
☐	Other

☐	Additional Space
☐	Renovation of Existing Space
☐	Interior Modifications Only
☐	Building System Changes/Add (HVAC, Reroof, etc.)
☐	Electronics – CCTV, Card Access, Fire/Intrusion, Cable TV, Audio/Video,800 MHz Radio

Project Description (*Provide As Much Details As Possible, Photos, Drawings, Sketches, Specs, Etc., All Requests for Modification to Existing Buildings Must Be Accompanied by a Photo or Drawing of Affected Area, Use Additional Pages if Necessary*):

Purpose of Project:

Funding/Budget Information (*Check <u>and</u> provide detail for <u>All</u> That Apply*):

	Included In <u>Current</u> FY Budget
	Account#:_____
	Amount Budget: $_____
☐	Infrastructure Sales Tax Funding $_____
☐	Federal Funding: $_____
☐	State Funding: $_____
☐	Other Funding: Type_____ Amount_____
	CIP Project Name/Title *(if applicable):*
	_____
	IST Project Name/Title *(if applicable):*
	_____
	IST Planning No. *(if applicable)*:
☐	Request for Estimate Only-Budget Purposes

Included In <u>Later</u> FY Budget
    Year : _____
    Funding Source: _____
Account#: _____
Amount Budget: $_____
Ad Valorem: $_____
 Infrastructure Sales Tax Funding $_____
Federal Funding: $_____
State Funding: $_____
Other Funding:Type_____Amount_____

Priority (*Check The Priority That Applies*):

	Priority	Priority Definition
☐	**1-Emergency**	*Emergency priority* requests take precedence over all other requests and current projects. Projects in the assigned queue and those assigned and working will be displaced in priority. Requires immediate and continued attention until urgency is resolved. *Defined as a project* that impacts or threatens life/safety, health of any person, major damage to property, or threatens facility assets.
☐	**2-Urgent**	*Urgent priority* requests will be immediately placed to the top of the assignment queue and receive precedence over other projects. Requires immediate and continued attention until urgency is resolved. *Defined as a project* that significantly impacts facilities or the users, e.g. water intrusion, power interruption, access/intrusion issues, A/C or utility disruption or any situation which stops or prevents customer's program from operating. If you checked this Priority, please indicate which current FD&O project you would like delayed in order to complete and reassign assets to this project:_____
☐	**3-Non-Emergency**	*Non-emergency priority* requests are placed in the order in which received and processed as time allows. Does not require immediate or urgent attention. This is the most common priority level. *Defined as a project* that is a regular work order not requiring an immediate response. The priority of this order is determined by the nature of the work requested and current work load within the Division, but is usually first in, first out.
☐	**4-Estimates**	*Estimates priority* requests are placed in the order as time or work load will permit. *Defined as a project* that is not yet authorized and only requires an estimate for budgetary reasons. Once the estimate is completed, provided to the customer, and a *new* RFPA is submitted by the customer with the necessary budget information and project authorization, it will be assigned one of the higher priorities depending on its urgency. Estimates may be moved up in priority when the project definition meets a higher urgency.

If you checked a Priority Number 1 or 2 please explain in a detailed response the reasoning behind your decision (use additional paper if necessary)

APPROVAL AND ASSIGNMENT-FACILITIES ADMINISTRATION USE ONLY

Project Approved for Processing: _____
<div align="center">SIGNATURE</div>

Project Processing Approval Date   _____

Project Assigned to: _____

Project To Be Reviewed By (*Check All That Apply*):

☐	Electronic Services and Security	☐	Space and Interior Planner
☐	Regulatory Compliance	☐	ISS
☐	Facilities Services	☐	Art
☐	Facilities Management Division	☐	ADA
☐	Capital Improvements Division	☐	Special Procurement Instructions:

<div align="center">FOR FACILITIES MANAGEMENT USE ONLY</div>

Regional Manager Comments (To include but not limited to viability of the project, other considerations, etc):

Region:	_____	Manager Approval:	_____
Type:	_____	Date:	_____
Bldg#:	_____	Maximo Work Order#:	_____
Craft:	_____	Input Personnel:	_____
Labor:	_____	Date Posted:	_____
Mat'l:	_____		
Priority:	_____		
Acct Code:	_____		