

K-State Facilities - (Project) Estimate Request Form

Please complete Section I. return to Facilities & Campus Services - Services Desk email: faccustomerservice@ksu.edu
For questions or assistance completing this form please call the Services Desk at 2-6389

Estimate Work Order #:
(Assigned by Service Desk)

This Section Completed by Requestor:

I. Contact Information

Name of Requester:	<input type="text"/>	Budget Code for Estimate:	<input type="text"/>
Department:	<input type="text"/>	(Needed if specialized consultants are required to complete estimate)	
Campus Phone #:	<input type="text"/>	Email:	<input type="text"/>
		Date:	<input type="text"/>

A. Type & Size of Project

Anticipated Total Project Cost (Capital Project Policies Apply > \$750k)	<input type="checkbox"/> Greater than \$750k	<input type="checkbox"/> Less than \$750k	
<input type="checkbox"/> New building	<input type="checkbox"/> Building Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Exterior Site work - Landscape Plaza/Play field/Pens etc.
Project Location:	<input type="text"/>	Do you have a target budget? (If target is known please provide)	<input type="text"/>

B. Desired Project Scope (Attach separate sheet if needed - please include desired timeline if known)

This Section Completed by Facilities & Campus Services

II. Facilities Estimate - Opinion of Cost & Scope

Total Project \$:	<input type="text"/>	PM Dept. Completion Confirmation (Initials)	<input type="text"/>
Estimated Project Delivery Time: (Design, Bid, Build + Approvals)	<input type="text"/>	Completed by:	<input type="text"/>
PM Notes - Opinion of Cost & Scope Clarifications:	<input type="text"/>	Phone # :	<input type="text"/>
		Code and Environmental notes:	
		<input type="checkbox"/> Environmental Hazards Survey Conducted	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Abatement Required	
		<input type="checkbox"/> Initial IBC & Fire Code Assessment Conducted	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Potential Code Updates Required	

This Section Completed by Requestor:

III. Estimate Acceptance - Request to Proceed with Project Program/Design

Requester:	<input type="text"/>	Date:	<input type="text"/>
Dept Head or Dean:	<input type="text"/>	Date:	<input type="text"/>
		Budget Code for Project:	<input type="text"/>

This Section Completed by AVP Facilities & University Architect

<input type="checkbox"/> Project is Consistent with 2025 Vision for Department or Unit	AV P Facilities & University Architect Confirmation (Initials)	<input type="text"/>
<input type="checkbox"/> Project is Consistent with Campus Master Plan		
<input type="checkbox"/> Project shall be presented to CPAC	<input type="checkbox"/> Project Requires OFPM Design & Contractor Selection	
<input type="checkbox"/> Project shall be presented to FSCUP	<input type="checkbox"/> Project may utilize on call design & contracting	
<input type="checkbox"/> Project shall be added to 5yr Capital List	Note: Significant projects over \$750k shall be summarized and presented to the President's Cabinet	