

4) Facilities Review Process:

Estimated Cost of this Project - \$ _____

Estimate Amount of Time to Complete this Project - _____

Signed: Director or Asst. Director

Date

5) Dean/Director Review:

_____ I have reviewed the Facilities information and wish to proceed with this project using funding source(s) _____.

Note: If the intent is to use plant funds for this project, it will be placed on a facilities project list and will be completed in priority order as funds become available.

_____ I have reviewed Facilities information and do not wish to continue with this project at this time.

Signed _____, Dean/Director _____ Date

6) Facilities Scheduling. This project is tentatively scheduled below: Project # _____

_____ Summer (date) _____

_____ In-House

_____ Spring Break (date) _____

_____ Outside Contractor

_____ Winter Break (date) _____

_____ Combination

Signed: Director or Asst. Director

Date