UNIVERSITY OF KENTUCKY
PROJECT ESTABLISHMENT FORM

1. PROJECT INFORMATION

Project Title _____

Must include title of authorized project as approved by the Kentucky General Assembly

Start Date _____   End Date _____   Location _____ _____ _____

                                                      Building Name   Bldg. #   Room #

Business Area   _____   Responsible Person   _____

Functional Area   _____   Responsible Cost Center   _____

Department Number   _____   Requesting Cost Center   _____

Work to be performed. (Explain scope of work such as move walls, doors, lights, utilities, paint, floor covering, etc.)

Will this change the classification of space? (i.e. classroom to office)

    No   Yes   *If yes, please explain:*

Is this an upgrade compared to the function of the existing item/structure?

    No   Yes   *If yes, please explain:*

Justification of request. (Explain need for change)

Legislative Authority. *If applicable, provide supporting documentation.*

2. ESTIMATE/FUNDING INFORMATION

	Estimator/Project Mgr.	Phone	Estimate/Project #	Est. Amount/Scope	Amount Funded
Campus Physical Plant					
Capital Project Management					
Info Technology Services					
Med Center Physical Plant					
Vendor/Ag FM/Other					
			Project Total		

Approvals:

_____   _____   _____
     Department Head   Dean/Unit Head   Area Fiscal Officer/Sr. Vice President

3. WBS ELEMENT INFORMATION (Accounting & Financial Reporting Services Use Only)

Project Definition   _____   WBS Element   _____   Project Profile <u>UK Capital Projects</u>

Project Name   _____

Business Area   _____   Functional Area   _____

Project Purpose   _____   Source Code   _____   Discipline (CIP)   _____

Department   _____   Project Status   _____   Building Number   _____

Construction in Process   _____   IP Fund Number   _____   Mission Supported   _____

Responsible Person   _____

Responsible Cost Center   _____   Start Date   _____

Requesting Cost Center   _____   End Date   _____

Legislative Authority   _____

Legislative Auth. Date   _____   Board Date   _____

Project Fund Number   _____

Approved _____   Keyed _____   Verified _____