



Jackson State University

Department of Facilities and Construction Management (FCM)

Renovation / Construction Project Request Form

Please answer all questions on this form, attach additional pages as necessary, complete signature block, and send entire packet to FCM at fcm@jsums.edu

Describe Project/Program and Identity Funding Source

Building Name

Project Title

Contact

Department

Phone Number

Email

Account Number

Account Name

Please explain why this project is necessary.

Please define the scope of the project. Tell us everything you hope to accomplish.

Please explain how this project supports the university.

Departmental Approval

Priority Level ☐ High (within two semesters) ☐ Medium (within two years) ☐ Low (within five years)

Department Chair/Director's Name

Chair/Director's Signature

Date

College/School Approval

Priority Level ☐ High (within two semesters) ☐ Medium (within two years) ☐ Low (within five years)

Associate Vice President Name

Associate Vice President Signature

Date

Vice President Approval

Priority Level ☐ High (within two semesters) ☐ Medium (within two years) ☐ Low (within five years)

Vice President Name

Vice President Signature

Date

Transfer funds to: Fund: 170090 - Org: 117000 - Program: 70