



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