THE JOHNS HOPKINS PROJECT REQUEST FORM

Routing and Completion Instructions on last page of Form! **Required Data Elements: Field Name is Bolded**

SECTION 1 – PROJECT REQUESTOR/ SCOPE:

Requestor:	**Tel. No.:**	**Fax:**	Request Date:

Funded Program Group: | **Project Manager:**

Div/Department /Functional Unit (Applicant) _____ ▾

Campus Address:	Email:

Requesting Cost Center Number and Name (paying for project):

Project Location/ Bldg.	Floor:	Room(s)

Project Description/Scope/Justification: (Describe in the space below what you would like to have done. Describe the reason for the change well as the last changes to this area.)

☐   ESTIMATE ONLY

Schedule: Requested Project Start _____ Finish _____ Relocations required: ☐ Yes ☐ No

SECTION 2 - ASSETS

Describe Asset to be purchased:

Approximate Age of Asset being replaced:	**Capital Asset:** ☐ Yes ☐ No
Value of Asset:	**Anticipated Date asset is to be in service:**

SECTION 3 – FINANCIAL S

Proposed project total cost:	**Current $ authority:**

Funding: Business Area: ▾	**Fund Number:**	**Fund Name:**	**Amount ($s):**
Business Area: ▾			

If more than two funding sources, please add information in this box.

Project Type: ▾	**Plant:** ☐ JHU 1099 ☐ JHHS 2099 ☐ Suburban 3099 ☐ HCGH 4099 ☐ SMH 5099

** Please attach any supporting information, documents, schematics, etc. to this request. **

SECTION 4 - APPROVALS

Signature:	Print Name/Title:	Date:
Signature:	Print Name/Title:	Date:
Signature:	Print Name/Title:	Date:
Signature:	Print Name/Title:	Date:
Signature:	Print Name/Title:	Date:

SECTION – 5 TO BE COMPLETED BY JH FACILITIES/ INFORMATION TECHNOLOGY

Project # / Level 1 WBS # :

Project Name/ Description (limit to 40 characters):

Person Responsible (Project Manager): Name:	**Tel. #.:**	**Fax:**	**Email:**

Responsible Cost Center [PM Home CC]:

Confidential: ☐   Restricted notification list:

ROUTING INSTRUCTIONS:
Department/ Division: Complete all known information. Send completed and approved project request to the JH Facilities office or Information System Office that will be performing the work.

JH Facilities/ IT, etc.: Review form and content. If requestor has not completed all necessary information, return request. Send completed forms to faSSC@jhmi.edu for processing.

Contacts:
> JH Fixed Assets / Projects Systems Shared Services at the following: fassc@jhmi.edu and
> Web: http://ssc.jhmi.edu/fixedassets/index.html

School of Medicine	Fax 410-502-1529	Bayview Redevelopment	Fax 410-550-3068
School of Public Health	Fax 410-502-0062	Bayview IT	Fax 410-550-7148
Homewood Facilities FD&C	Email: info.dc@jhu.edu	JHH IT	Fax 410-735-7772

> For assistance on how to complete these forms contact your departmental administrator or Business Office.
> Please email fassc@jhmi.edu for technical assistance.

Form Completion Instructions/ HELP

Section 1- Requestor	
Project / Scope description	This section is to help Facilities understand what the project should achieve. Please provide a brief description of what should be done, as well as the reason for the request. It is important to also note the date of the last construction / renovation to this area.
Applicant	The requesting customer by site and by institution
Requesting Cost Center	Cost center requesting the project and funding the expenses.
Requested Start Date	Date the project is scheduled to begin- (*please estimate if you are not sure*)
Planned Finish Date	Date the project is expected to finish- (*please estimate if you are not sure*)
Section 2 -Assets	
Assets	
Section 3 -Financials	
Business Area	List the BA in which the Department executing the project belongs. Provide Fund Number and Fund Name if known. If the project is multi-funded, please provide all BAs, Funds Numbers and Fund Names.
Plant	1099 - University Service Provider 2099 – Health System Service Provider
Project type	For JH HopkinsOne SAP, project types will determine the financial breakdown of projects. "C" projects will be capital projects that automatically create the Asset under Construction (AuC) designation for settlement while "E" projects are those that are expensed and settled to expense accounts/cost centers. The following are available project types: <table><tr><td>B1</td><td>Library</td></tr><tr><td>C1</td><td>Safety & Regulatory Compliance</td></tr><tr><td>C2</td><td>Fleet Repair</td></tr><tr><td>C3</td><td>Minor Equipment</td></tr><tr><td>C4</td><td>Major Equipment</td></tr><tr><td>C5</td><td>Major Construction</td></tr><tr><td>C6</td><td>Information Systems</td></tr><tr><td>C7</td><td>Landlord Improvement</td></tr><tr><td>CG</td><td>Grants</td></tr><tr><td>E1</td><td>Expense</td></tr><tr><td>H1</td><td>In house</td></tr></table>
Section 4-Approvals	
Approval Process and Form Routing	The Administrator of the functional unit/ department must sign all requests. All SOM projects must have the Director of the SOM Projects sign as well. Any form not signed by the administrator will not be processed and will be returned. **JHU:** <$100,000 (non-capital, no Trustee approval) ; $100k -$500k (capital, no Trustee approval); $500k - $2million (capital; no Trustee approval); $2 million (major capital and Trustee approval) **JHHS:** > $50,000 is capital
Section 5 – JH Facilities/ Information Technology	
Person Responsible	Project Manager
Responsible cost center	Cost center responsible for carrying out the project and home CC of the project manager.