

FACILITIES MANAGEMENT | UNIVERSITY OF SOUTH FLORIDA 4202 E. FOWLER AVENUE, OPM 100 | TAMPA, FLORIDA 33620-7550

ROOM:

PMG-48A

EDITION: November 2, 2021 PHONE: (813) 974-2845 | WEBSITE: www.usf.edu/fm-dc

USF-FM PROJECT DEVELOPMENT FORM -- MAJOR PROJECT

Instructions to Project Manager:									PAGE	1	OF		PAGES	
1. COMPLETE THE PROJECT DEVELOPMENT FORM ENTERING ALL INFORMATION. 2. THE "ENABLE EDITING" CHECK BOX IS USED BY CONTROLLER'S OFFICE TO ENTER ADDITIONAL DEFINITION TO THE PROJECT NUMBER. DO NOT ALTER THE PROJECT ID NUMBER. 3. WHEN A PROJECT REQUIRES MULTIPLE FUNDING SOURCES USE "FUND NO 2 - 15" TO PROVIDE ADDITIONAL FUNDING SOURCE CHARTFIELD INFORMATION. 4. REFER TO PMG-48C, FACILITIES MANAGEMENT PROJECT NUMBER MATRIX CHART FOR ADDITIONAL INFORMATION WHEN ESTABLISHING THE PROJECT NUMBER.									DATE:					
5. SAVE A COPY OF THIS FORM AND THE SUBMITTAL EMAIL FOR YOUR RECORDS.								EMAIL:						
6. IF A CHANGE IS NEEDED UPDATE THE APPRO	PRIATE FIELD(S) A	ND SUBMIT THE UPDATED	FORM.						PHONE:					
				Pro IEC	T NAME:									
PROJECT ID:				PROJEC	I NAME.									
	NERATED PROJEC	T NUMBER BASED ON SEI	LECTIONS MADE BELOW)											
CAMPUS / SITE:				Desc	RIPTION:									
FUNDING:														
FUNDING TYPE:														
CATEGORY 1:				CATE	SORY 1 & 2	240 / 440	USF SYSTEMS (SPECIAL ACADEMIC AFFAIRS (P	AL) PROVOST)		380 / 480 390 / 490	ATHLETICS MISC.			
YEAR: (20XX)					OPTIONS:	320 / 420 330 / 430	COLLEGES USF HEALTH SCIENCE	(HEALTH S	CIENCES)	5XX 6XX	FLORIDAS' CITF	ATE FUNDS	, BOND OR GRANT	
CATEGORY 2:						340 / 440 350 / 450	OFFICE RESEARCH & II STUDENT AFFAIRS		(RESEARCH)	8XX	PECO ADA	R RENOVAT	ION	
SERVICE AREA:						360 / 460 370 / 470	UNIVERSITY ADVANCE BUSINESS & FINANCIAL		IIV. SERVICES)	9XX	PECO INFR	ASTRUCTUR	Æ	
DEPARTMENTAL CHAR	T FIELD	(REQUIRED FIELDS II	N BOLD TEXT BELOW.		CT & INITIA FUND N			BUDGET R	EFERENCE F	ELATES TO	FY FUND		-Y-2020").	
DEP	ARTMENT ID:	TORD NO 1.	100010		TOND			TONDING	•		1000	10 0.		
	FUND CODE:	-					· -				_			
	* PRODUCT:													
	* INITIATIVE:													
** BUDGET	REFERENCE:													
BUDGET ALLOCATION	*	FUND No 1:	FUND NO	2.2	FUND N	10.21		FUND NO	٠.		FUND	No E		
		FUNDINO 1.	FUNDING	J 2.	FUNDIN	10 3.		FUND NO	<u>. </u>		FUND	<u>10 5.</u>		
														
							 -							
* STATE APPROPRIATED FUNDSUSE: 88515	TOTAL:				_						=			
	L THIS PAGE:										_			
	RAND TOTAL:		OF	PAGES (*** USE V	VITH MULTIF	PLE PAGES	s)							
Comments / Notes:							-,							
Comments / Notes:														
A														
ACCOUNTABLE OFFICE		FUND NO 1:	FUND NO	02:	FUND N	0 3:		FUND NO	1:		FUND	No 5:		
	NAME:													
	PHONE:		<u></u> _											
PROJECT DATA:				_							_			
SPACE IMPACT NO:				ROJECT PHASE:						START [DATE:			
Buil DING:				DJECT STATUS:					TARGET	CLOSE	OUT			

CUSTOMER:

ADJUSTED CLOSE-OUT:___

PAGE	OF	PAGES

DEPARTMENTAL CHART FIE	LD: (REQUIRED FIELDS I	IN BOLD TEXT BELOW. * USE "0" FO	R PRODUCT & INITIATIVE UNLESS PRO	OVIDED. ** BUDGET REFERENCE REL	ATES TO FY FUNDING. EX: FY-2020")
	FUND NO 6	Fund No 7	Fund No 8	Fund No 9	Fund No 10
DEPARTMENT ID:					
FUND CODE:					
* PRODUCT:					
* Initiative :					
** BUDGET REFERENCE :					
BUDGET ALLOCATION:	FUND NO 6	FUND NO 7	FUND NO 8	FUND NO 9	FUND NO 10
		·			
Total:					
ACCOUNTABLE OFFICER:	FUND NO 6	Fund No 7	Fund No 8	Fund No 9	Fund No 10
NAME:			 -	TOND NO 0	1 010 10
PHONE:					
I HONE.					
DEPARTMENTAL CHART FIE					
DEPARTMENT ID:	FUND No 11	FUND NO 12	FUND No 13	Fund No 14	FUND NO 15
FUND CODE:					
* PRODUCT:					
* Initiative :					
** BUDGET REFERENCE :					
BUDGET REFERENCE :	-				
BUDGET ALLOCATION:	Fund No 11	Fund No 12	Fund No 13	Fund No 14	Fund No 15
	-				
TOTAL:					
ACCOUNTABLE OFFICER:	FUND No 11	FUND No 12	FUND No 13	Fund No 14	FUND No 15
NAME:					
Phone:					

ASBC USE ONLY

DATE RECEIVED:



USF FM-DC PROJECT MANAGEMENT GUIDE EDITION: JANUARY 24, 2020

REQUISITION #:

PLEASE ALLOW 1 WEEK FOR PROCESSING THIS REQUISITION/CHANGE ORDER REQUEST (RCO). ADDITIONAL TIME WILL BE REQUIRED FOR REQUESTS EXCEEDING \$1M.

PLEASE COMPLETE A NEW RCO FORM FOR EACH PURCHASE ORDER.

SEND COMPLETED FORM & ALL REQUIRED DOCUMENTATION AS A PDF FILE TO: <u>ASBC-CONSTRUCTION@USF.EDU</u>

DATE ENTERED:

A PROJECT DETAILS						B CUSTOMER DETAILS						
PROJECT NUMBER (ID):						ACCOUNTABLE OFFICER:						
PROJECT NAME:						CONTACT NAME:						
SIR No: BUILDING: ROOM(s):												
	PROJECT N											
		HANAGER				F.4.4.11 ·				Duone		
NAME						EMAIL:		PHONE:				
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	OP UNIT	DEP	PT	FUND	PRODUCT	Initiat	IVE	BUD REF				
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F-15												
Ε	REQUEST	DETAILS				SERVICE/SCO	PE:					
REQ	#		PC)#								
Сомя	PANY NAME:											
	ACT NAME:											
	<u>:</u>			PHONE _								
	REQUISITION A	ACTION	Fund#		ACTIVITY ID		А	MOUNT	CHANGE	ORDER DESCRIPTION / NOTES		
									+			
		1	1	-	P	O TOTAL:						