



## Minor Project (MP) Request Form

Email this completed form, checklist, and required attachments to Space Planning Analysis and Administration (SPAA) at [spaa@ucf.edu](mailto:spaa@ucf.edu).

Building Name:	Building Number:	Room Number(s):			
Requester Name:	Requester Phone:	Requester Email:			
Building Liason Contact (BLC):	BLC Phone:	BLC Email:			
Principle Investigator (PI) or N/A:	PI Phone:	PI Email:			
Department:		MP Number (FPC use only):			
Project \$ budget/anticipated cost:	Project fully funded? Yes <input type="checkbox"/> No <input type="checkbox"/>	E&G <input type="checkbox"/>	C&G <input type="checkbox"/>	AUX <input type="checkbox"/>	Other <input type="checkbox"/>
Proposed Project Title:	Account number(s):	C&G fund expiration date:			
Briefly describe the project, purpose, scope of work, and urgency (critical deadlines):					

**Note:** This form and checklist are required to evaluate and design a project, and must be completed in their entirety for all projects. Incomplete forms will be rejected and returned to the Requester.

**Purpose of form and checklist:**

- 1) To indicate the overall, long-term implications of a request related to space classification, quantities of rooms, and budget classification; and
- 2) To identify the scope of the request, including the spaces affected, the basic scope of work, the processes and equipment that will be used, the urgency, the funding source, and the dollar amount approved for the project.

**Project Start-up Costs:** All projects have a start-up cost, which will be provided at project inception, and which will be applied to the full professional management services cost if the project moves forward. The cost is \$150 for projects without Architect/Engineer (A/E) services and/or contractor estimates, and \$500 for projects with A/E services and/or contractor estimates.

**Required approvals:** When the form is completed, the Requester must obtain approval from the Chair or Unit Head and the Dean or Director. When these approvals have been obtained, submit the completed form to [SPAA@ucf.edu](mailto:SPAA@ucf.edu). SPAA will approve or disapprove the request and forward it to Facilities Planning & Construction (FP&C) for review. Requesters of approved projects will be contacted by the assigned Project Manager (PM). In cases where a project is not approved, FP&C will contact the requester to discuss reasons for disapproval.



Proposed Project Title:	Requester:
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Please check all items in each section below that you believe will apply to your project:

<b>Common Project Types:</b>	
	Access control
	Cameras
	Deferred maintenance
	Electrical upgrade (specialized equipment use)
	Electrical upgrade (standard computer use)
	Exterior improvement
	Finish upgrade
	HVAC upgrade
	Infrastructure improvement
	Lab upgrade
	Landscape/hardscape/irrigation improvement
	Life Safety
	Lighting improvement
	Multimedia – Non-Tech Fee
	Multimedia - Tech Fee
	Office upgrade
	Roadway improvement
	Roof or building envelope

<b>Common Project Services:</b>	
	ADA
	Added computer equipment (heat loads)
	Added foodservice equipment (need power and/or exhaust)
	Air conditioning
	Asbestos/lead abatement
	Audio/Visual
	Ceiling tile
	Code-related costs
	Computer/data
	Dig Permit required
	Electrical
	Exterior roof scope
	Exterior wall assembly scope
	Fire alarm/sprinkler changes
	Floor finishes
	Generator
	Locks and keys
	New equipment (user maintains)
	Painting
	Security/Safety
	Signage
	SJRWMD/DEP Permit required
	Sound treatment
	Special lighting
	Telephone
	UMPC approval required
	Utility meters/construction/rental
	Utility outage required
	Wall covering
	Window treatments

<b>Does this project support the goals of the Collective Strategic Impact Plan?</b>	
	Increasing Student Access, Success, and Prominence
	Strengthening Our Faculty and Staff
	Growing Our Research and Graduate Programs
	Creating Community Impact Through Partnerships
	Leading Innovation In Higher Education
	Project is not related to the Collective Strategic Impact Plan

Describe how the project supports the Collective Strategic Impact Plan, as indicated above:



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**Checklist:** Answer all questions, and where directed, attach supporting documentation (including the question number).

If more than one distinct process is planned for the same space, please provide a clear response to each question for each process. If multiple sites are planned, provide a clear description for each stage of work at each of the different locations, and include details on how any hazardous materials will be transported between multiple locations.

Questions	Yes	No	Not Sure	N/A
1. Is this project associated with buildings or rooms? <i>If yes, proceed to Question 2. If no, skip questions 1-22 and provide any additional pertinent information here.</i>				
2. Will this project change the inventory classification of rooms (e.g., classrooms to offices or teaching labs to research labs)? <i>If yes, describe here:</i>				
3. Will the project change occupancy count (+ or -)? <i>If yes, describe here:</i>				
4. Will this project change the numbers of rooms by dividing individual rooms into separate ones or by combining rooms? <i>If yes, describe here:</i>				
5. Will this project alter the budget entity that is using any of the spaces involved (i.e., from E&G to C&G or AUX?) <i>If yes, describe here:</i>				
6. Does the proposed activity or research have a deadline to initiate operations? <i>If yes, describe here:</i>				
7. Does the proposed activity or research require any support equipment installations in the designated room(s)? <i>If yes, describe here, and attach cut sheets and operating manuals for all equipment, and the Standard Operating Procedure (SOP) for the associated research project. Include the anticipated delivery location and schedule, and anticipated installation schedule, for all equipment.</i>				
7a. Does the proposed activity or research require any support equipment installations beyond the designated room(s), such as a storage tank outside, a chiller in a chase, piping, etc.? <i>If yes, describe here, and attach cut sheets and operating manuals for all equipment, and the Standard Operating Procedure (SOP) for the associated research project. Include the anticipated delivery location and schedule, and anticipated installation schedule, for all equipment.</i>				
7b. Is existing furniture or equipment in the designated room(s) being permanently removed and/or surplus? <i>If yes, initiate the surplus process.</i>				



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Questions	Yes	No	Not Sure	N/A
8. Are all activities associated with this project expected to take place in the designated room(s)? <i>If no, describe associated locations here:</i>				
9. Is this space shared with any other user groups, researchers, or departments? <i>If yes, describe here:</i>				
10. Will potentially hazardous materials or equipment that contains hazardous materials be kept in the designated room(s)? For this purpose, hazardous materials/equipment include, but are not limited to: chemicals, fuels, oils, compressed gases, air compressors, vacuum pumps, cryogenic dewars, cleaning agents, etc. that will be used as part of this project. <i>If yes, list all and anticipated maximum quantities within each designated area here. If no, mark N/A in questions 10a-13a and skip to question 14.</i>				
10a. Are all potentially hazardous materials or equipment from question 10 reflected in your current chemical inventory? <i>If unsure or no, list all unaccounted-for, potentially hazardous materials here:</i>				
10b. Are there any potentially hazardous materials needed for future phases of work that are not accounted for here? <i>If yes, describe here:</i>				
11. Does the project use radioactive materials, X-ray-generating equipment, biohazardous agents, lasers, explosive materials, controlled substances, or items requiring special security measures? <i>If yes, describe here:</i>				
12. Does the workspace already have adequate ventilation for all hazardous materials/equipment listed above? Adequate ventilation includes dedicated exhaust with one-pass air that does not recirculate to the rest of the building, and with a negative pressure differential with respect to adjacent hallways or rooms.				
12a. Does the workspace already have a fume hood or local process exhaust where chemicals are present? <i>If yes, provide model, manufacturer, and age of the fume hood here:</i>				
13. Does the immediate space already have an eyewash and safety shower combo unit?				
13a. Does the immediate space already have a hand wash sink?				



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Questions	Yes	No	Not Sure	N/A
14. Are any utilities (existing or new) needed to support the new project/process? <i>If yes, describe here:</i>				
14a. Does the project/process require electrical modifications? <i>If yes, describe here:</i>				
14b. Does the project/process or equipment create heat? This includes the addition of equipment (such as computers) that add heat load to a space. <i>If yes, describe here:</i>				
14c. Are utility chilled water connections needed?				
14d. Are process water connections needed?				
14e. Are fuel gas connections needed?				
14f. Are process gas connections needed?				
14g. Are precise levels of electric utility loads needed with protection schemes to prevent power interruptions or phase fluctuations? <i>If yes, describe here:</i>				
14h. Is a UPS or generator backup needed for either the process or the HVAC supporting the space?				
14i. Are any effluent streams anticipated from the project/process? <i>If yes, list all possible discharge streams to sanitary, including condensate or process waste, here:</i>				
15. Does the project require high-purity water (Milli-Q, reverse osmosis, etc.) or a low-particulate environment (HEPA filtration, clean-room, etc.)? <i>If yes, describe here:</i>				
16. Will the space require redundant power in the case of a total loss of normal building power? <i>If yes, justify the need and capacity here:</i>				
17. Will the project/space require redundant heating, cooling, or ventilation capacity? <i>If yes, describe here:</i>				
18. Will the space require additional potable water flows? <i>If yes, describe here:</i>				



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Questions	Yes	No	Not Sure	N/A
18a. Will the space require additional potable water peak flow? <i>If yes, describe here:</i>				
19. Are precise levels of temperature or relative humidity needed (constant interior space temperatures, temperatures outside of a general comfort range of 70-74 F in the summer & 68-72 F in the winter, or relative humidity of 55%)? <i>If yes, list and describe all temperature-sensitive equipment being installed here:</i>				
19a. Will the space require temperature and humidity outside the university's bandwidth? The summer range is 72-76F, with a set point of 74F and 55% relative humidity; the winter range is 68-70F, with a set point of 70F and 55% relative humidity. <i>If yes, describe here:</i>				
20. Will the space require additional cooling capacity?				
20a. Will the space require additional dedicated outside air?				
20b. Will the space require additional lab controls?				
20c. Will the space require additional fume hoods?				
21. Will the space contribute toward additional sewer capacity (such as effluent waste streams and peak flows)? <i>If yes, list all effluent water streams and peak flows here:</i>				
22. <b>C&amp;G-funded projects only:</b> This proposal has been reviewed, approved, and signed by the Office of Research & Commercialization.				

**Required Signatures**  
(Electronic Signature Required)

Title/Entity	Name	Electronic Signature
Requestor*		
Building Liaison*		
Chair or Unit Head**		
Dean or Director**		
SPAA**		

\* For Information

\*\* For Approval