

# New Project Request Form (NPR Form)

## Contact Information

Requesting Department:

Date:

Requester Name:

Email:

Title:

Phone:

## Project Information

Facility Name:

Facility Address:

Floor(s) Impacted:

## Change Information

Describe the Project: (expansion, major remodel, new facility, relocation):

*Max 500 characters*

Business case and projected outcomes (describe why the project is needed and what you hope to achieve):

*Max 500 characters*

Describe potential impacts if project is not done:

*Max 500 characters*

## Budget & Funding

In what fiscal year(s) is this project planned?

What funding source will be used for this project?

Will grant money be used towards this project and what type?

Project budget (if known):

## Approvals

Department Director:

Print Name:

Date:

Signature

Facilities Director

Print Name:

Date:

Signature

County Administration

Print Name:

Date:

Signature