

Space/Project Request Form

General:

The Space/Project Request Form is used for submitting facilities project requests. The form must be completed and signed by the relevant director before submission to Facilities Management.

The Space/Project Request Form must be submitted for all requests that do not meet the criteria of general regular maintenance (for specific criteria see the attached request form).

An incomplete submission will not be entertained. The submission of a project request does not imply that the request will be approved. All requests will follow a transparent approval process that may include strategic approval from the relevant VP and if required, an additional corporate approval.

The form consists of four distinct sections:

Section 1: Requestor Details

Please fill out this section as accurately as possible to enable the Facilities Management (FM) staff to follow up on your request.

Section 2: Project Details

This section is designed to capture information regarding the scope and priority of the project.

Section 3: Project Rational

This section is designed to guide the requesting leaders in defining the project from a strategic perspective.

Section 4: For Facilities Management Use Only

The FM staff will fill out this section to determine the estimate and impact of the request.

Completion and Submission:

A project request form emailed directly by the relevant director to Facilities Management does not require a physical signature. Emailed forms from any other source, without the director's physical signature will not be entertained.

Please submit only one project request per form. Similar projects at different sites are considered as individual requests and hence require a separate form.

For further information and clarifications, please call Facilities Management at Extension 55038.

**Send the completed form to Facilities Management
Room E2-702, MU Building, Victoria Hospital or fax: 58159**

or

Email: fmprojects@lhsc.on.ca (this is the preferred method for submission)

**Facilities Management and Restructuring:
Space/Project Request Form**
Date: DD/MMM/YYYY
Log #

Use this form for facility planning projects that include, but are not limited to one of the following criteria:

- the need for more or less space (with or without renovations);
- a change of occupant(s) i.e. a move;
- the movement of walls, doorways etc. that would alter the entrance, exit or size of space;
- any change to the use of space; i.e. office space to research space, pharmacy to social work, etc.;
- an alteration and/or addition to the engineering design of the hospital's mechanical, electrical, plumbing, fire alarm, control systems, etc. including all those that would not be considered regular maintenance;
- equipment installation that may require alterations to space and/or the building systems.

Please note that this request will not be valid without the approval of the relevant Director

Hospital: (double click each "check box" that applies to your request)

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> LHSC | <input type="checkbox"/> SJHC | | |
| <input type="checkbox"/> VH <input type="checkbox"/> UH <input type="checkbox"/> SSH | <input type="checkbox"/> SJH <input type="checkbox"/> MHCLTC <input type="checkbox"/> RMHCL | | |
| <input type="checkbox"/> VFMC <input type="checkbox"/> BFMC | <input type="checkbox"/> RMHCST <input type="checkbox"/> Parkwood | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | | |

Requestor's Details

Department:	Division:	
Name of Contact Person: Gloria Castelo		
Position: Medical Affairs Human Resources and Credentialing Specialist		
Phone Number: 519-685-8500	Extension: 75127	E-mail: Gloria.castelo@lhsc.on.ca

Project Details

Project Title: Office set-up for new physician
Project Site Address: (Include site name, zone/building, floor, room number, etc.)
Project Description: (Please describe in detail the scope of the project) Office set-up for new physician in the department of ----- . Further information in regards to office requirements may be obtained from ----- at ext. - ---.
Phone- standard setup in both physician and secretarial office. Add ons will be requested by the physician via HelpDesk.
Computer- physician or delegate to contact HelpDesk to confirm computing requirements. Cost sharing will be per PNAP agreement.
Date project completion required: Specify reasons why specific completion date is requested: Start date for new physician
Special Requirements?

Facilities Management and Restructuring - Space/Project Request Form**Page 2****Project Rationale and Funding**

Why is this project necessary? (Describe in detail what objectives will be achieved)
If applicable, please identify how this project fits within the current master plan and meets its long and short term goals?
Indicate any potential implication that this project will have on other facilities, services and/or projects. (Internal or External to the organization)

Signing Authority

Signature of Director	Print Name Bill Davis	Date
Is there approved funding available? X Yes <input type="checkbox"/> No	If yes, please identify the source of funding (include amount available) Furniture available through Medical Affairs	

For Facilities Management Use Only

Log #	Date Received:	Received by:
Triage <input type="checkbox"/> Engineering/Plant <input type="checkbox"/> Facilities Management	Name of the responsible FM manager/coordinator	
Project Lead	Requesting department project contact	
Project category (Check all that apply) <input type="checkbox"/> Space <input type="checkbox"/> Renovation <input type="checkbox"/> Infrastructure/ Maintenance <input type="checkbox"/> New construction <input type="checkbox"/> Move <input type="checkbox"/> Capital Equipment		
Project Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
Preliminary capital cost estimate (in current year dollars) noting any assumptions in projecting costs (Fill out all applicable fields)		
Expected project duration	Approvals required	
Item	Cost	Description
Construction cost		
Furniture & Equipment		
Prime Consultant		
Other ancillary costs (including Consultants)		
Miscellaneous/Other		
Estimated Total Project Cost		
If known, any applicable ongoing operational or maintenance costs per year		

Signing Vice President*

Signature of Vice President	Print Name	Date
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*VP's signature is required at FM request. The request cannot be forwarded for corporate approval, without the relevant VP signature.