

County of San Bernardino  
Department of Behavioral Health

Facility and Project Management

PROJECT REQUEST FORM

<b>Section I</b> Date FPM Rec'd:  Rec'd by:
<b>Section II</b> Date FPM Rec'd:  Rec'd by:
<b>Section III</b> Date FPM Rec'd:  Rec'd by:

THIS FORM IS DIVIDED INTO THREE SECTIONS.

1. **Program section:** Project specifics and Fiscal information.
  - a. Provide all numbers, dates, and other information that will help us provide you with the best service.
  - b. Answer all questions. If not applicable, please indicate by N/A.
  - c. All information must be completed and received before processing can begin.
    - i. *Program Manager* is to submit to Facility and Project Management (FPM)
2. **Facility and Project Management section:**
  - a. Estimated Project cost (based on Program section information) will be provided
    - i. *Request will be returned to Program Manager for 2<sup>nd</sup> approval.*
    - ii. *When approved, the Program Manager is to return all pages to FPM.*
3. **Fiscal Review section:**
  - a. Final review for approval or denial.
    - i. *At completion of final review, Fiscal will return to FPM.*

**PLEASE ALLOW A MINIMUM OF FOUR WEEKS FOR PROCESSING**

**This request is for one of the following projects:**

**NOTE:** The fields on this form will expand as you type. Please answer questions directly on this form.

<input type="checkbox"/> New facility	<input type="checkbox"/> Staff Move
<input type="checkbox"/> Facility Remodel	<input type="checkbox"/> Furniture
<input type="checkbox"/> Other: (Please describe)	

**I. PROGRAM SECTION:**

<ul style="list-style-type: none"><li>• <b>Project specifics –</b><ul style="list-style-type: none"><li>a) Identify project items/services.</li> <li>b) Requested date of completion? <i>(Depends on Scope of Work. Example: New phone lines 4 weeks; New facility 2 years)</i></li> <li>c) Provide a brief background and justification:</li></ul></li></ul>
<ul style="list-style-type: none"><li>• <b>Fiscal Information –</b><ul style="list-style-type: none"><li>a) Are funds included in the <u>current fiscal year</u> budget? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach copy of approved budget documentation</li> <li>b) If unbudgeted, identify funding source and attach any supporting documentation you might have (Example: E-mail correspondence)</li></ul></li></ul>

***REQUESTED AND APPROVED BY PROGRAM MANAGER:***

Program/Cost Center Name:	Cost Center #
Program Manager Print Name:	Phone:
Program Manager Approval: _____	Date: _____
Signature	
<b><u>To Program Manager:</u> Your signature activates project request reviewing process.</b>	
<b>Submit/Return to FPM</b>	

**II. FACILITY AND PROJECT MANAGEMENT SECTION:**

- Approximate cost based on information submitted:
- Approximate time required to complete project:

Prepared by:

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Returned to Program Manager on..... Date: \_\_\_\_\_

Program Managers Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Deputy Director Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Deputy Directors Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

**To Program Manager and Deputy Director:**  
Your signature activates project and authorizes purchases within 10% of estimated cost.

**Submit/Return to FPM**

**III. FISCAL REVIEW:**

a) Are statements made in Section I, Fiscal Information correct? Yes  No

b) Provide additional comments/concerns regarding the funding or procurement of this item:

Al Evans, AS II  
Fiscal  
\_\_\_\_\_  
Signature Approval Date: \_\_\_\_\_

Tanya Bratton, Deputy Director  
Administrative Services  
\_\_\_\_\_  
Signature Approval Date: \_\_\_\_\_

**Submit/Return to FPM:**  
**Copies to all**