

**Facility Operations** Page 1

**Instructions for Construction, Remodeling or**

**Renovation Requisition**

**Section One:** **Initial Request for Building/Site Improvement:**

All projects must complete at least Section One including description, requester information, and Dean/Director approval. Any requisition that (1) changes the function of the space and/or (2) is anticipated to cost more than $15,000 must also be submitted to the President’s Council (PC) for approval. Requisitions that do not require PC or Public Safety approval can be forwarded directly to Facility Operations. Please reference the below requisition form for details on project classification.

**Section Two:** **Improvements that Require Public Safety Approval:**

If the request is for security cameras, card access systems, intrusion systems, or items of that nature, forward the completed form to Public Safety. Public Safety will complete Section Two and forward to Facility Operations.

**Section Three: General Cost Estimate Provided:**

Facility Operations will issue a project number to requisitions that have the necessary approvals. A general cost estimate will then be provided with details in Section Three. Requisitions estimated over $15,000 will be sent back to PC for Cost Estimate Approval or sent to Budget & Financial Analysis (BFA) if less for fund approval.

**Section Four: To Confirm Project Approval:**

All project requisitions will be held by Facilities until the necessary PC and/or BFA approvals are received. Once received, projects will continue through the Project Approval Process. Estimates on lead times will be communicated by Facility Operations personnel.

**How are Estimates and Project Costs Determined?**

Facility Operations’ estimates represent the best approximation of cost to complete the requested project scope. Estimates are prepared by professional staff who employ recognized industry standards and comparable project cost experiences in their estimates. This estimate is an attempt to give the requesting department an approximate cost for budgeting purposes. Actual costs may vary due to materials, market conditions, timing, labor increases, etc. Once the project is approved and a budget is in place, a minimum of three independent quotes will be acquired from contractors to arrive at the actual project cost. Projects may be assessed up to a 6% University Administrative Charge.

**What is a Contingency?**

In your project budget you will see a contingency amount, an amount which is held for unknowns or hidden conditions that may arise during a project. This contingency amount will vary based on the type and complexity of the project. If there is a contingency balance near the end of the project, scope may either be added to the project or this amount will be returned to the funding source.

**What are your Cost Expectations?**

You are cautioned not to attempt to compare residential pricing to University quotes you may receive. The University has insurance requirements, safety standards, code compliance requirements, material standards, billing procedures, durability requirements, warranty requirements, and an aging infrastructure which may need to be addressed to accommodate the requested scope of work.



**Facility Operations** Page 2

**Instructions for Construction, Remodeling or**

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**Please consider the following criteria as you are completing this form. Projects will be evaluated based on these factors and on Detroit Mercy facility standards.**

**Safety/Security Impact** - Must be fixed/replaced/purchased or it will jeopardize the safety/security of the University Community. (Please send all requests of this nature to the Public Safety Department)

**Emergency in Nature** - Must be completed or it could result in property damage or continued property damage.

**Operational Savings** - Will result in lower expenses (supplies, equipment or personnel) for the University.

**Energy Savings** - Will result in a reduction in utility costs/usage.

**Environmental Standards** - Ability to meet facility standards, regulations, and codes.

**Improvement** - Will improve the quality of life at the University and has the potential to positively impact student recruitment/retention, image, or faculty/staff morale.

**Funding Source** - Will require operating budget funds or will be gift/grant funded.

**Teaching Impact** - Ability to deliver the academic program.

**Timeline** - Can be designed and implemented in the related budget cycle or donor/grantor requested timeframe.

**University Overall Plan** - Will fit Detroit Mercy’s mission and strategic plan.

**Facility Operations Email:** facilityoperations@udmercy.edu

**Facility Operations Fax:** (313) 993-1175

**Public Safety Email:** publicsafety@udmercy.edu

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| I:\New Detroit Mercy Logo.png | *Facility Operations**Construction, Remodeling, or Renovation* *Requisition* | *Project No:**Assigned by* *Facility Operations* |
|  |  | *Fac Ops #:* |
|  |  | *DPS #:*  |
| *Construction Project:* | *New building, addition or landscaping.* |
| *Remodeling Projects:*  | *Removal or installation of walls or other physical changes.* |
| *Renovation Projects:* | *Upgrade of existing facilities including but not limited to the replacement of worn carpet, drapes or blinds, the painting or covering of walls, upgrading lights, and replacement of classroom furnishings and equipment.* |
| *SECTION ONE – Work/Project Request (To be completed by Requester)* *Please describe the work or project being requested. Please read the criteria on Page 2 before completing this section. Projects will be evaluated based on these factors and on Detroit Mercy facility standards. Below text box has a max of 750 characters. One additional project description page may be submitted with this form if needed.*  |
|  |
| *Requester's Name:*      | *Requesting Department:*      | *Phone:*      |
| *Date:*      | *Dean/Director's Approval (signature required):* |  |
| *SECTION TWO – Security Assessment Area (To be completed by Public Safety)* |
| *Description of Concern* | *Campus Location* |
|  |  |
| *Date:*  | *Assessed By:* *Badge #:*  |  |
| *SECTION THREE – Estimate of Cost*  |
| *Cost Details* | *Cost* |
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|  |  |
| *D**ate:* |  | *Estimate By:* | *Facility Operations Personnel*  | *ESTIMATED TOTAL:* |  |
| *SECTION FOUR – Authorization & Approval* |
| *CREDIT TO:* | *FACILITY OPERATIONS* | *FOAP:      -    -    -    -* |  |
| *DEBIT TO:* | *ENTER DEPARTMENT NAME* | *FOAP:* *-**-**-    -* |  |
|  |  |  |  |
| ***PC Concept Approval*** |  | Signature is required for any project that is a change in function of the space and/or is anticipated to cost more than $15,000. |
| *PC Member* | *Date* |  |
| ***PC Cost Estimate Approval*** |  | Signature is required for any project that is estimated to cost more than $15,000 after estimate is provided by Facility Operations. |
| *PC Member* | *Date* |  |
| ***Budget & Financial Analysis Approval*** |  | Signature is required for all projects to verify funds are available and the project can begin. |
| *Director of Budget* | *Date* |  |
| *Form: UDM-FO-1* | *REVISED: 12/4/2018* |