

MEMORANDUM

TO: Distribution List

FROM: Mike Larson, Howard Reel

DATE: September 30, 2002

SUBJECT: Project Requests

KPMG Peat Marwick performed a detailed review of the capital process at JHH. As a result of their review, 34 recommendations were made which the Facilities and Finance Departments have been implementing during the last six months.

As a result of the KPMG study, beginning July 1, 2002 all project requests not approved in the FY03 Capital Budget, such as Landlord, School of Medicine, or cost center funded capital items should be submitted to Lisa Schaible in Finance to undergo funding validation, and be assigned project numbers before they are forwarded to Facilities. Facilities will then contact you for validation and determination of the construction scope. Landlord requests will be submitted to the capital budget committee, which meets monthly, who will in turn approve or disapprove the use of landlord funds.

All project requests **MUST** include the approving administrator's signature and a funding source, i.e. cost center, SOM project and budget number. Requests omitting this information will be returned for the proper documentation.

Starting July 1, 2002 there will be a new Project Request Form that can be obtained from the finance website <http://www.jhmcis.jhmi.edu/finance/forms.htm>. The form can also be copied from the attached. All areas must be completed. The form can be completed in excel and printed for approvals or can be completed manually. Both will be accepted. Please place completed forms in the "Projects Request" box located on 4th Floor Billings, Room 428. Projects can also be faxed to 410-550-0704.

The following is a brief description of how the form should be completed.

PROJECT LOCATION: This pertains to the building name and floor the request is for. It is very important to include the correct building name and all room numbers that the request will reference.

REQUESTED BY: Provide the name of the functional unit, Administrator, Contact Person and a phone and fax number where both can be reached.

SCOPE: This section is to help Facilities understand what the project should achieve. Please provide a brief description of what should be done, as well as the reason for the request. It is important to also note the date of the last construction/renovation to this area.

SCHEDULE and RELOCATIONS: Provide requirements that may have to be met for scheduling and any relocation needs. This includes temporary and permanent relocation of patients, departments and offices.

ASSETS: List any assets to be purchased including equipment, furniture and software. Also describe if these assets will be new or replacements and what is to be done with the old assets. Include HTE number if known.

FUNDING: A cost center must be included in the section. School of Medicine (SOM) must include the SOM Budget Number as well as the SOM Project Number.

APPROVALS: The Administrator of the functional unit must sign all requests. All SOM projects must have the Director of the SOM Projects sign as well. Any form not signed by the administrator will not be processed and will be returned.

Attach all information already obtained, drawings and a copy of the space book plan.

Please call one of us if you have any questions.