

REAL ESTATE & PROJECT REQUEST FORM | PRF

Please fill this form, providing as much detail as possible, and email it to Andre.Porter@doa.ri.gov. If you have any questions or would like assistance filling this form, please call us at (401) 222-6200.

PROJECT INFORMATION:

Building Name:	Building Address:			
Agency Name:	Business Unit:			
Requestor Name:	Requestor Email:			
Requestor Phone:	Date Submitted:			
This form is for a proposed modification to an existing (if not, please explain in the Project Description field) PROJECT CLASSIFICATION:	Building / Space / Department? Yes No			
Space Planning Re	novation RFP for Leased Space			
	e Safety			
☐ Cosmetic Upgrades ☐ FF	&E			
If you selected "other", please explain below:				
Is this project needed to be completed by a specifyes, please explain in the "Project Description" Please briefly explain the timeline/criticality of the PROJECT DESCRIPTION:	Months Planning for Future Needs ific date? Yes No field and list date here: e need.			
	sted. Describe the extents and scope of the project and any			
other information that will help us understand and resp	iona to your request.)			
Project / Request Title:				
Project Description:				



REAL ESTATE & PROJECT REQUEST FORM | PRF

REQUESTING AGENCY AUTHORIZED SIGNATURE:

Print Name:			Title:			
Signature:			Date:			
APPROVALS / ACTION: This section to be completed by DCAMM:						
11110		, C, tivili				
	Approved		Rejected	☐ Revise and Resubmit		
If not approved, indicate reason(s) below:						
☐ Project Description is inadequate						
	Project conflicts with currently planned projects					
☐ Funding not available						
	Project is not justified by agency strategic plan					
Other Action / Notes:						
						
						
DCAMM APPROVAL:						
Signature:						
Mar	rco Schiappa, Acting Div	ision	Director, DCAMM	Date		