FACILITIES OPERATIONS & PLANNING (FOP) - PROJECT INITIATION FORM (PIF)

University of Miami Location:
- ☐ Coral Gables
- ☐ Miller School of Medicine
- ☐ Rosenstiel School
- ☐ Richmond
- ☐ Off Site: __________________________

Project Type:
- ☐ Equipment/Furniture Installation
- ☐ Refurbishment
- ☐ Renovation
- ☐ Space Addition
- ☐ Space Relocation
- ☐ Study/Program
- ☐ Faculty Startup
- ☐ Other: __________________________

Primary Functional Use (at completion):
- ☐ Administrative
- ☐ Academic
- ☐ Auxiliary Service
- ☐ Patient Care
- ☐ Research
- ☐ Support
- ☐ Other, Specify: __________________________

Location (if Applicable):
- Building(s): __________________________
- Floor(s): __________________________
- Room(s): __________________________

Detailed Description of Request (Provide supporting documentation to avoid delays in request review):

Submitted By:
- Name and Title (Print) __________________________ Signature __________________________ Date __________________________
- Unit/Department: __________________________ Email: __________________________ Phone #: __________________________

Executive Sponsor (Chairman, Executive Dean, Unit Budget Officer, or VP for Department):
- Name and Title (Print) __________________________ Signature __________________________ Date __________________________

Funding Source Identified:
- ☐ Yes ☐ No
- ☐ Operations
- ☐ Unit Reserves
- ☐ Sponsored
- ☐ Academy
- ☐ Other: __________________________

Is funding source on the capital plan?
- ☐ Yes ☐ No
- ☐ FY: ______ CAP ID#: ____________

Account Number: __________________________ Cost Center: __________________________

Office of Financial Planning and Analysis Acknowledgement:
- Name and Title (Print) __________________________ Signature __________________________ Date __________________________

Facilities Operations & Planning Acknowledgement:
- Name and Title (Print) __________________________ Signature __________________________ Date __________________________