Illinois Mathematics and Science Academy

Remodeling and/or Specialized Construction Request

Project Location: ________________________________________________ Date: ______________

Alternate Location: ___________________________________________________________________

Current Square Footage: _________________ Proposed Square Footage: _________________

Program Statement/rational for need: ___________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

When is project required and why:  ______________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Will there be any technology affected (phones, computers, projectors, network, etc)?     Yes____ No____
If so, Please list ______________________________________________________________________

Will temporary storage be needed: YES / NO
Where will it be stored? ________________________________________________________________

Submitted by: ______________________________ Department: __________ Phone: ___________

Probable Cost (including installation of equipment) $ ______________________

Budget and/or Grant account number: __________________________

Review & Approval (Signatures must be provided on this form for approval, emails will not be addressed.)

Department Administrator Name: _______________________________________________________
Signature: ____________________________ Date: ________________

(If computer and/or technologies are required)
ITS Department Administrator Approval:__________________________________________________
Signature: ____________________________ Date: ________________

Department Manager Name: __________________________________________________________
Signature: ____________________________ Date: ________________

Space and Planning Committee approval: __________________________ Date: ________________