



District Facilities BUILDING IMPROVEMENT REQUEST

FACILITIES USE ONLY

District IEL SCC SFCC

This form is for building improvements only. Please state the problem and the reason for your request to make the proposal clear.

Contact person(s) will receive an acknowledgment with assigned BIR number, please reference this number when contacting Facilities office regarding this project.

PLEASE TYPE OR PRINT AND FILL OUT COMPLETELY

Building name _____ Building No _____

Room No.(s) or location _____

Project contact person _____ Phone No.(s) _____

E-mail address _____ Mail stop _____

Alternate contact person _____ Phone No(s) _____

E-mail _____ Mail stop _____

PROJECT DESCRIPTION (attach extra sheets as necessary)

- No estimate needed. Proceed with work.
- Check box for budget estimate only.** (allow 1 week)
- Check box for detailed estimate only.** (allow 3 weeks)

*** Facilities will not proceed with work without additional approval. A request for a detailed estimate that appears to be less than \$1,000.00 will receive only a budget estimate.*

Problem Statement

Possible Solution

PROGRAM IMPACT

The work described below is needed by: (date) _____. Describe program impact (in area below) if date is not met. If no reason is stated, BIR will be assigned routine priority by default.

BIR PRIORITY assigned by _____ Date _____

College Priority:

1. Urgent (Justify by programmatic need)
2. Essential/Time sensitive (State below when needed)

3. Important
4. Necessary/Do as time allows

Unit Priority Codes:

- A. Health and Safety
- B. Schedule Sensitive
- C. Special Funding
- D. Program Needs
- E. Security of Property

1st approval signature _____

Administrator signature _____

1st approval name (print) _____

Administrator name (print) _____

Date approved _____

Date approved _____

Budget number (required*) _____ % Identify a funding deadline(s) (grants, tech fees, etc) when a fund source will no longer be available to cover charges.
_____ %

* BIR will not be processed without assigned budget number(s) and administrative signature.

ORIGINAL TO FACILITIES MAINTENANCE AT FACILITIES@CCS.SPOKANE.EDU OR MS 1035 ***** MAKE COPY FOR YOUR RECORDS