BALTIMORE CITY DEPARTMENT OF GENERAL SERVICES Capital Project Request Form

SECTION 1 - PROJECT REQU	ESTOR a	nd SCOPE:				
Requestor:			Request Date:			
Agency/Department (Applicant): Project Manager Contact:						
Phone number:		Email:	Email:			
Requesting Account Number:						
Project Address:		Building #:	uilding #: Floor: Roo			
Project Type:					<u> </u>	
Does project need design?Y	orN	orDon't kno	w			
Project Description/Scope/Justific project well as the last changes to this area. Attack	ch additional	pages if necessary.)				
** Please attach any supporting information, documents, feasibility studies, schematics, estimates etc. to this request. ** Schedule: Requested Project Start Finish Relocations required: Yes No						
Schedule: Requested Project Start _		Finish	_ Relocatio	ns requirea:	Yes No	
SECTION 2 – FINANCIAL						
NOTE: This section is dedicated to identify project. These sources could come in the for the sources of funding, the account number	orm of grants	, capital, operating,	etc. Please u	se the space provid		
Proposed Budget:		,				
Funding Source:		Account Number	(if known):		Amount (\$):	
SECTION 3 – Requesting Agency APPROVALS						
Requestor Name:	Approv	redDenied	Signature:	Date: /	1	
Requestor's Supervisor:	Approv	redDenied	Signature:	Date: /	1	

ROUTING INSTRUCTIONS:

Requesting Agency/Department: Complete all known information. Send completed and approved project request to the following: DGSMajorProjects@baltimorecity.gov

Contacts: