

**UNIVERSITY OF KENTUCKY
PROJECT ESTABLISHMENT FORM**

Departments must fill in the appropriate areas in sections 1, 2 & 3 .

Project Title: _____

(Projects \$600,000 or more must use title of authorized project as stated in the Budget Bill.)

1. Departmental Use	
Business area	_____
Department number	_____
Requesting Cost Center	_____
Responsible Person	_____
Responsible Cost Center	_____
Functional Area	_____
Location: (Building Name)	
_____	_____
Bldg #	Room Number(s)
_____	_____
Will this change the classification of space (e.g. classroom to office)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(If yes, explain)	

Work to be performed. (Briefly describe work to be done such as move walls, doors, lights, utilities, paint, floor covering, etc.) Estimate may be attached. (If capital project, attached project description, program information, etc.)	

Expected Completion Date	Explanation
_____	_____
Justification of Request (Brief Statement of Need for Change):	

2. Estimate/Funding Information

	Estimator/Project Mgr.	Phone #	Estimate # / Project #	Est. Amount/Scope	Amount Funded
Campus Physical Plant	_____	_____	_____	_____	_____
Capital Project Management	_____	_____	_____	_____	_____
Communications	_____	_____	_____	_____	_____
Med. Center Physical Plant	_____	_____	_____	_____	_____
Vendor/Other	_____	_____	_____	_____	_____

Total Project Scope:

-	-
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Approvals:

Dean/Unit Head
(If required)

Department Head
(If required)

Sr. Vice President / Provost
(If required)

3. WBS Element CREATE (Fields marked with * should be completed by the department)

Project Definition	_____	Project profile	UK Capital Projects
WBS Element Number	_____		
* Project Name	_____		
*Responsible person	_____		
*Responsible Cost Center	_____	* Requesting Cost Center	_____
Billing Element	X		
*Start Date	_____	*Finish Date	_____
* Business Area	_____	Functional area	_____
* Legis Authority	_____	* Legis Auth Date	_____
* Board Date	_____	* Purpose	_____
Source Code	_____	Discipline (CIP code)	_____
Department	_____	* Project Status	_____
Construction in Progress	_____	IP Fund Number	_____
* Building Number	_____	Project Fund Number	_____
* Mission Supported	_____		

Approved: _____

Keyed: _____

Verified: _____