



COUNTY OF IMPERIAL
DEPARTMENT OF PUBLIC WORKS
155 S. 11th Street, El Centro, CA 92243



CONSTRUCTION PROJECT REQUEST FORM

ATTENTION: Please submit the completed form to juandbermudez@co.imperial.ca.us

DEPARTMENT INFORMATION:

Date Submitted: _____	Account No.: _____
Department: _____	Funding Source for Project Processing: _____
Contact Person: _____	If Available Matching Funds Source: _____
Phone: _____	Amount Available: _____ Account No.: _____
Email Address: _____	Department Head Approval: _____
	Signature _____

Please Note: The contact person(s) shall be the only individual, aside from the Department Head, to give direction and make decisions, unless otherwise requested.

PROJECT LOCATION:

PROJECT DESCRIPTION: *(Include scope of work, any future project phases and/or ancillary projects, and alternatives considered, if appl.)*

PROJECT IMPROVEMENTS/RECONSTRUCTION/ALTERATIONS: *(Select all that are appl.)*

<input type="checkbox"/> ADA Compliance	<input type="checkbox"/> New Data Drops	<input type="checkbox"/> New Office(s)/Area(s)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Addition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Doors	<input type="checkbox"/> New Electrical	<input type="checkbox"/> New Window(s)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Exterior Improvements	<input type="checkbox"/> New Equipment	<input type="checkbox"/> New Flooring	<input type="checkbox"/> Other: _____
<input type="checkbox"/> HVAC	<input type="checkbox"/> New Furniture	<input type="checkbox"/> Repaint	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Replace Equipment	<input type="checkbox"/> New Walls	<input type="checkbox"/> Building Assessment	<input type="checkbox"/> Other: _____

JUSTIFICATION OF NEED: *(Describe program requirement, need and/or benefits of project and any impact of deferral)*

SPECIAL REQUIREMENTS: *(Project schedule, start and end dates, funding requirements and restrictions, etc...)*

If Grant Project:	<input type="checkbox"/> Federal Funding	Amount Available: _____	<input type="checkbox"/> State Funding	Amount Available: _____
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FOR USE BY THE CEO'S OFFICE:

Date: _____ CEO Approval Signature: _____

Project Priority: High Normal Low

Action Requested from Public Works (please check all appl. actions):

- Prepare a general scope and definition of the proposed project. Include preliminary impressions of feasibility, costs, range, timing constraints, and any other information useful to the CEO's Office.
- Provide project assessment including architectural and engineering analysis and preliminary cost assessment.
- Construction project management team, if any.
- No action shall be taken at this time.

Additional Direction(s):

PROJECT DISTRIBUTION LIST: (Departmental Review)

DEPARTMENT	DATE SUBMITTED	REVIEWED BY	INITIALS	DATE	ACTION						COMMENT(S)
					Proceed		Hold		None		
					YES	NO	YES	NO	YES	NO	
Budget & Finance					<input type="checkbox"/>						
Risk Management					<input type="checkbox"/>						
County Counsel					<input type="checkbox"/>						
PW Facilities					<input type="checkbox"/>						
ITS					<input type="checkbox"/>						
Purchasing					<input type="checkbox"/>						
Air Pollution					<input type="checkbox"/>						
Clerk of the Board					<input type="checkbox"/>						
PW Accounting					<input type="checkbox"/>						