



Facilities Engineering  
 400 South Orange Avenue  
 South Orange, NJ 07079  
 973-761-9454

# PROJECT AUTHORIZATION FORM (PAF)

*(Form must be filled out electronically)*

Instructions for Projects > \$50,000: Complete page 1 of the PAF and secure a signature of an Associate Vice President (AVP) or Dean for all Capital Projects and Expenditures (P/E) requests over \$50,000. Then provide the PAF to Facilities Engineering (FE) for completion of page 2 (Estimate) by **April 1**. Once page 2 is complete the form will be returned to the AVP or Dean prior to going to the appropriate Division Head/ Vice President for signature. The Division Head/ Vice President must sign and return the form to the Associate Vice President of Facilities Engineering and Business Affairs (AVP FE) by **May 15**. The AVP of FE will then review the PAF with the Finance Department for confirmation of funds and then present the P/E to the President and Executive Cabinet for initial review by **July 1**. Between October and December, the approved P/E's will then be sent to the appropriate boards for approval (Building and Grounds Committee, Finance Committee, and the Full Board). Once approved by Full Board, FE will begin implementation and the final approval will be sent the Budget Office for memorialized via the budget book issued on **March 1** of the following year.

Instructions for Projects < \$50,000: Complete page 1 of the PAF and secure a signature of an Associate Vice President or Dean for all Capital Projects and Expenditures (P/E) requests under \$50,000. Then provide the PAF, with **completed page 1 and signatures, to Associate Vice President of Facilities Engineering and Business Affairs (AVP FE) by the first of each month**. Facilities Engineering (FE) will then complete page 2 (Estimate). **Once page 2 is complete, the P/E will be presented to a committee of representatives from each division for review within the same month. When approved by the committee, the P/E will be presented to Executive Cabinet for final authorization of the expenditure and implementation by FE.** All PAF's received by the AVP FE after the first of the month will be evaluated the following month.

**INITIAL REQUEST** *(Completed by Requestor)*

<b>PROJECT NAME:</b>			
<b>BUILDING NAME:</b>		<b>DATE:</b>	
<b>FLOOR NAME/#:</b>		<b>REQUESTOR'S NAME:</b>	
<b>ROOM #:</b>		<b>DEPARTMENT/ DIVISION:</b>	
<b>1. Describe the project scope in detail:</b>			
<b>2. Describe the funding sources for the project and to what level the funds have been secured:</b>			
Grant	Donation	Capital Funding	Other _____
<b>COMPLETE QUESTIONS 3 THRU 6 IF PROJECT COST MAYBE &gt;\$50,000.</b>			
<b>3. Describe which strategic theme this plan supports within the strategic plan and vision of the University and how the plan strengthens the "One University" vision benefiting the University community as a whole (students, faculty, and staff across all campuses), Reference sections of the strategic plan where applicable:</b>			
<b>4. Will the completion of this project impact the campus operating, individual, and/or department budgets? If so, how?</b>			
<b>5. Will the completion of this project impact overall revenues to the University?</b>			
<b>6. What is the desired start date and completion date for the project?</b>			

**SIGNATURE:**

Dean /Associate Vice President: \_\_\_\_\_ Date: \_\_\_\_\_



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**FACILITIES ESTIMATE**

*(Completed by the Director of Facilities Engineering)*

<b>DATE:</b>		
<b>PROJECT NAME:</b>		
<b>ESTIMATED COSTS:</b> (Attach breakdown from each department)	FACILITES ENGINEERING	
	FURNITURE	
	PUBLIC SAFETY	
	IT	
	TLTC	

	YES	NO
<b>CONCEPTUAL PLANS PROVIDED?</b> (Indicate if plans are attached)		
<b>ARCHITECT OR ENGINEER SERVICES REQUIRED?</b>		
<b>PERMITS REQUIRED?</b> (Health, State, and/or Local)		

**TIME FRAME FOR DESIGN:** (Duration in days, wks., or months)  
 \_\_\_\_\_

**TIME FRAME FOR CONSTRUCTION:** (Duration in days, wks., or months)  
 \_\_\_\_\_

**WORK PERFORMED BY** (Check one)      **IN HOUSE**                      **OUTSIDE CONTRACTOR**

**SHU PROJECT MANAGER ASSIGNED:**  
 \_\_\_\_\_

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:**

Director of Facilities Engineering: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head /Vice President: \_\_\_\_\_ Date: \_\_\_\_\_  
*(only to be signed after completion of entire form for P/E > \$50,000)*