



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Space Design Project Request Form

Program Support Center

Requesting OPDIV/STAFFDIV	Point of Contacts Name and Title
Email Address	Phone Number

Locations:

National Capitol Regions (NCR) (<i>Select one</i>)	Regional Offices (<i>Select one</i>)
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Type of Work (*Select one*)

<input type="checkbox"/> New Space	<input type="checkbox"/> Alterations to Existing Space
___ Number of Staff to Accommodate Cubical	___ Alterations to Existing Office Furniture (modular/cubicles)
___ Number of New Private Offices	___ Alteration to Sheet Rock Office (hard walls)
___ Number of Conferences or Collaborative Spaces	

Funding (*Select one*)

<input type="checkbox"/> Current year appropriated budget	<input type="checkbox"/> Budget request is pending approval	<input type="checkbox"/> Current year SSF budget
<input type="checkbox"/> Budget is not yet secured		

Description of Project Request (Briefly summarize requirements for proposed project)

Objective/Benefit (What will you achieve by executing this project?)

Project Timeline (Dependencies, critical mission milestones)

How will the project be funded (Do you currently have a budget or funding for this project?) (If yes, please describe the funding source.)

Authorizing Official - Name and Title (The person below is responsible for authorizing the activities, scope of work and making financial decisions.)

Email Address	Phone Number
Authorizing Official Signature	Date

FOR INTERNAL PSC USE ONLY		
Date Received	Date Assigned	Name of Project Manager
Project Number	Date Project Request Reviewed with Customer	