



# UC San Diego

## Policy & Procedure Manual

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### FACILITIES MANAGEMENT

#### Section: 530-9 EXHIBIT A

Effective: 05/31/2013

Supersedes: 10/26/2010

Review Date: 05/31/2015

Issuance Date: 05/31/2013

Issuing Office: [Capital Planning](#)

### EXHIBIT A

#### REQUEST FOR RENOVATIONS AND ALTERATIONS (R&A)

##### 1. ORIGINATING DEPARTMENT

Department Name/VC Area \_\_\_\_\_  
Originator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Work Contact \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail Code \_\_\_\_\_

##### 2. PROJECT DESCRIPTION

Description of work to be done (*attach sketch or floor plan*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Name or Number \_\_\_\_\_ Room Number(s) \_\_\_\_\_  
Assignable Square Feet (*project area, and only if applicable*) \_\_\_\_\_  
Is this leased space? Y N If Yes, indicate address \_\_\_\_\_  
FD&C Job Number or FM Work Order Number \_\_\_\_\_ Estimated Cost \_\_\_\_\_  
FD&C/FM Project Manager Name \_\_\_\_\_

##### 3. SOURCE OF FUNDS

Proposed fund source name \_\_\_\_\_  
Index \_\_\_\_\_ Fund \_\_\_\_\_ Organization \_\_\_\_\_ Program \_\_\_\_\_ Account \_\_\_\_\_  
(*note: for use of 19900 funds see note on back*)

Will Federal Funds be used to fund any part of this project? Y N  
Will equipment purchased with Federal Funds be installed as part of this project? Y N

Plant Organization number (*established by CP&B*) \_\_\_\_\_

##### 4. APPROVALS (*route one copy only*)

*In the following order:*  
Department Head \_\_\_\_\_ Date \_\_\_\_\_  
Director or Dean \_\_\_\_\_ Date \_\_\_\_\_

**University of California, San Diego Policy – PPM 530 – 9 EXHIBIT A  
PPM 530 – 9 EXHIBIT A Request for Renovations and Alterations (R&A)**

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Capital Planning & Budgeting (0915) \_\_\_\_\_ Date \_\_\_\_\_  
Environment Health & Safety (0920)

Preliminary (\*) \_\_\_\_\_ Date \_\_\_\_\_  
Final \_\_\_\_\_ Date \_\_\_\_\_

Facilities Design & Construction (0916)  
or Facilities Management (0908)  
or Medical Center Facilities Engineering (8206) \_\_\_\_\_ Date \_\_\_\_\_

***For Leased Space Only:***

UCSDMC Facilities Planning & Management (8861) \_\_\_\_\_ Date \_\_\_\_\_  
*(Medical Center projects only)*  
Real Estate Development (0982) \_\_\_\_\_ Date \_\_\_\_\_  
*(general campus, SOM, SIO, and UCSDMC after approval by UCSDMC Facilities Planning and Mgmt.)*

(\*) budgeting purposes only as final plan review and approval is required

**Return signed form to Capital Planning and Budgeting (0915)**