State of Missouri
Office of Administration
Facilities Management, Design & Construction
FR #:_____

DATE: _____

Complete the form & select
"SUBMIT" shown below or
Print & Fax to 573-526-9829

SUBMIT

FACILITY REQUEST

- AGENCY: _____
- ORGANIZATION: _____
- AGENCY/LIASON/CONTACT PERSON: _____
- PHONE NUMBER: _____
- E-MAIL ADDRESS: _____

☐ **STATE OWNED REQUEST**
Facility Name & Address:
_____
_____

☐ **LEASED FACILITY REQUEST**
Facility Address:
_____
_____

- FUNDING SOURCE:
  - ☐ HB13
  - ☐ AGENCY OPERATING FUNDS
  - ☐ OTHER_____
- CITY: _____
- COUNTY: _____

<u>Please check one or more ot the following as it relates to your request</u>:

☐ **Change in FTE**

Current FTE: _____ Anticipated FTE Increase/Decrease: _____

☐ **Change in Program Delivery/Requirement**

☐ **Change in Space Requirements**
- ☐ Reduction
- ☐ Increase

☐ **Facility Renovation**

☐ **Systems Furniture Modification/Installation**

☐ **Data/Telecommunications**

☐ **Change in Location**

☐ **New Requirement**

DESCRIPTION/JUSTIFICATION: Provide a detailed description of the request and why it is needed to include any new legislation, change in program delivery, change in FTE etc. A detailed space analysis is not required until this request has been reviewed & approved by the Division of Facilities Management, Design & Construction. If additional space is required continue on next page.

AGENCY SIGNATURE AUTHORITY

☐ **Approved**
Name: _____ **Title:** _____

DESCRIPTION/JUSTIFICATION (cont):