AGENCY PROJECT REQUEST

Proposed Capital Project

Capital Projects Bureau

NEW MEXICO
GENERAL SERVICES DEPARTMENT

I. REQUESTING AGENCY INFORMATION

A. GENERAL INFORMATION

Agency: _____ Contact: _____ Date: _____

Phone: _____ Email: _____

B. PROPOSED PROJECT INFORMATION

Proposed Title: _____ Project Contact: _____

Address: _____ Agency Priority: _____

Funding Source(s): _____ Project Budget: $ 0 _____ Completion: _____

Preliminary Project Scope*:*

Additional Information and/ or Attachments:

C. CERTIFICATION AND SIGNATURE

Requesting Agency Certification:

I certify that this request is accurate and complete and *is in in compliance with State of New Mexico Space Standards, including all laws and executive orders. Agency is requesting consideration from the CPB to complete this Project. I understand that the CPB will review this request and respond to the Requesting Agency as quickly as possible with the Request Disposition below.*

Signature: _____ Date: _____

Name: _____ Title: _____

II. CPB AGENCY PROJECT REQUEST ACTION

Request: ☐ Approved ☐ Denied ☐ Requires Re-submittal ☐ Amended ☐ Referred AiM CP#:

Funding Source(s): CPB Project Manager:

Project Priority: Tentative Budget:

Contract Type: Procurement Type:

Property ID(s): CP Program(s):

Statute Authority:

Comments and/ or Attachments

CPB Signature: Date:

CPB Name: Title:

Requesting Agency *- Complete sections 1, 2 & 3 and email to fmdprojectrequests@gsd.nm.gov*

CPB will complete Section 4 and advise of Request Status as soon as possible
If approved, the CPB Project Manager will contact you with next steps

Distribution: Requesting Agency
AiM Related Documents
Project Manager
Staff Architect