



Delivering Excellence.
Exceeding Expectations.

AATC PROJECT REQUEST FORM

Project Name: _____

Requestor Name: _____ **Request Date:** _____

Business Unit / Department of Requestor: _____

Requestor Contact Information: email address:

Office Phone _____ Mobile Phone _____

Approving Manager / VP: _____

Contact Information: email address: _____

Office Phone _____ Mobile Phone _____

Sections above must be completed before emailing to projects@aatc.org to be added in HxGN

Funding Source:

Current FY Budget:

Capital Program:

Tenant Direct Charge:

Other:

Was this project identified in the current fiscal year budget from your company?

_____ Yes _____ No _____ N/A (don't know)

Project information:

Building: _____ Level _____ Applicable gate number/ other _____

1. **Scope** (*Describe the work that needs to be performed and the desired result or end product. Submit attachments as needed*) *

2. **Problem Statement:** Clearly describe the problem or condition that this project will correct or improve. Provide as much history and applicable data as possible. *Submit attachments as needed*



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3. *How does implementing the proposed solution solve the problem?*

4. *Budget (Provide rough estimate of the cost of the work to be performed described in the scope section. Be sure to include any money spent to date associated with this proposed project.)*

5. *Schedule (Describe the desired time frame for completion)*

6. *Assets Impacted:*

7. *Stakeholders (Provide the names and possible contact info of other business or entities that may be effected by the proposed project)*

8. *Other pertinent information (Provide any additional information that would help with the understanding of the reason for this proposal. Submit attachments as needed. Example: plans, photos etc.)*