

Maintenance Project Evaluation Committee

Departments may request MPEC to review a project, understanding that requests for use of MPEC will be applied to the most critical need.

These funds are to be used for repair or replacement of existing infrastructure due to disrepair, inability to function, inadequacy for current operational needs, safety, or energy savings. These funds are not to be used for routine maintenance or for enhancements to academic programs. Funds may be requested for items that are a permanent part of the facilities that fall into one or more of the following categories.

Please check applicable category/categories

- ☐ Building envelope projects (roof, windows, foundation, and exterior walls)
- ☐ Improvements in the reliability or restoration of the central HVAC, vertical transportation, plumbing and electrical building systems.
- ☐ Electrical, potable water, natural gas, sanitary sewer, storm water systems.
- ☐ Interior finishes (ceiling, painting and replacement of flooring) in public spaces, such as entry ways, hallways, restrooms and stairwells.
- ☐ Interior finishes and upgrades to classrooms.
- ☐ Accessibility projects.
- ☐ Life Safety systems.
- ☐ Code upgrade and modernizations to major building

systems **Justification for using MPEC/USM/FLS Funds**

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Requestor (Your Name):		Date:
Project Title:		
Building Name & #		
New Project Request ☐ Yes ☐ No	Existing Project #:	Existing WO#:
Project Description/Scope (<i>attach any estimate prior to request</i>):		

Expected Construction Start Date:		Expected Completion Date:	
Purchase Material & Services:		Previously Approved Amount (if Applicable):	
In-House Labor:		Revised Total Project Cost:	
Contingency:			
Overhead Fee:			
Total Estimate:			

For Committee Use Only:

FPC Representative:	Date	Recommended for Approval: Yes ☐ No ☐
FS Executive Director:	Date	Recommended for Approval: Yes ☐ No ☐
UAFPSM Executive Director:	Date	Recommended for Approval: Yes ☐ No ☐

For Projects over \$50,000:

MPEC Committee: (For Projects Over \$50,000)	Date	Recommended for Approval: Yes ☐ No ☐
Associate VC/VP, F/CM:	Date	Recommended for Approval: Yes ☐ No ☐

For Business Service only:

Funding Source	
New Project CC	