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| **Minor / Small Works****Client(s) Brief** August 2016 |
| *It is essential that all projects are a partnership between the academic / support service client and the estate client, ensuring that any new facility has the proper services and infrastructure to operationally support it.****NB: All works that result in changes to the building services or infrastructure must be approved by the Director of Estates Facilities, through submission of a PID.*** |  |
| Project Name | Building |
| Date | Funding Source: Department / Other |
| **Document Author** | Click here to enter text. |
| **Supporting FOO/ SS HoD** | Click here to enter text. |
| **Project Champion** | Click here to enter text. |

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| **Administration and Approval** *(Academic & Estates Client Signatures Required)* |
|  | Signature |  | Date |
| Academic Project Champion |  |  |  |
| Faculty Operating / Finance Officer |  |  |  |
| Estates Building Manager |  |  |  |
| Director Estates Facilities |  |  |  |
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| **Project Summary – Academic Client** |
| Please give a brief summary of the project, using subheadings if required, describing the following:1. The need or opportunity which has triggered this project
2. What are the implications or consequences of the project not being approved?
3. Whether the project is listed on the Capital Plan or Faculty three-year plan
4. Where the project could be located and potential alternative locations
5. What facilities / space will this project deliver
6. Indicate academic expectations of timescales or any critical deadlines associated with this proposal
7. An indication of anticipated final project costs (estimated)
8. Are there any other relevant issues which might dictate or impact on this project
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| **Key Criteria** | **Priority** |  | **SMART Commentary** |
| Time |  **1 2 3** | **Priority 1** |  |
| Cost |  **1 2 3** | **Priority 2** |  |
| Quality |  **1 2 3** | **Priority 3** |  |
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| Does the facility require third party accreditation (e.g. licensing etc.)? | **Yes** | **No** |
| Are the works required for Health & Safety reasons? | **Yes** | **No** |
| Does the facility need to achieve specific legal / statutory compliance?  | **Yes** | **No** |
| Is there potential requirement for CDM (2015) F10 notification to HSE? | **Yes** | **No** |

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| **Project Summary – Estates Client** |
| Please give a brief summary of the project, using subheadings if required, describing the following:1. What are the implications for power, lighting and data in the area?
2. Are there potential impacts to fire protection and security measures?
3. Are there any air or ventilation considerations?\*
4. Are there any specific heating or cooling requirements for this proposal?\*

 (\**i.e. as a result of occupancy changes or the introduction of equipment)*1. What is the likely impact of these building & service alterations on the project timescale?
2. What environmental and sustainability measures will be considered?
3. Are there any potential Health & Safety considerations e.g. CDM Principal Designer / Principal Contractor, Asbestos, roof access, site management etc.?
4. Are there any potential issues with the location proposed for these works which might impact on the project?
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| **Recommendation** *(completed by Estates Project Approval Group)* |
| Confirmation that Estates Facilities are to manage: YES / NOComments:Name of Project Manager Appointed: ..…………………………………………………Date: ………………………………….. |