# AGENCY PROJECT REQUEST



**Proposed Capital Project** Capital Projects Bureau



### 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:	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**

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Request:	Approved	Denied	Requires Re-submittal	Amended	Referred	AiM CP#:	
Funding So	urce(s):	CPB Project Manager:					
Project Pric	ority:		Tentative Budget:				
Contract Ty	/pe:		Procurement Type:				
Property I	D(s):		CP Program(s):				
Statı Authori							
Commen and/ Attachmen	or						
CPB Signatur	e:					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