

Fiscal Year 2003-04
Operations and Maintenance of Plant (OMP)

FORM 5-A
WORKLOAD ADDITION (or REDUCTION) REQUEST

1. Campus:
2. Project Name (as stated on CIB):
3. Plant Account Number (or Project Number) (as stated on CIB):
4. CAAN Number(s):
5. Latest approved Capital Improvement Budget (CIB) is dated:
6. Required Attachments:
 - ▶ For Chancellor-approved projects (i.e., Non-State funded projects for which a Project Planning Guide was not prepared) attach a copy of the latest signed and approved CIB.
7. Type of Change:

Addition:	_____	Reduction	_____
Construction	_____	Demolition	_____
Purchase	_____	Cancellation/Release	_____
Other (explain)	_____	Temporarily Off-Line	_____
		Other (explain)	_____
8. Date project came on-line (or went off-line):
9. Required Submittal (attach):
 - ▶ For projects not yet in construction, submit copy of latest project schedule.
 - ▶ For all projects in construction, submit copy of latest construction schedule as issued by contractor.

- For projects at or near completion, submit copy of Certificate of Beneficial Occupancy, Certificate of Substantial Completion or Notice of Completion.

10. Was OMP support for a portion of the project previously approved?

11. If yes, fiscal year(s) and percentage of year for which OMP supporte was approved:

12. Fund source(s):

13. Brief general description:

14. Brief project justification:

15. Additional Comments (if any):

16. For Chancellor-approved projects (i.e., Non-State funded projects for which a Project Planning Guide was not prepared), provide brief project justification information as follows:

a. Problem statement:

b. Alternatives considered:

c. Attach supporting documentation as desired (i.e., project schedule, site map, etc.).

17. ASF and MGSF in building:

ASF and MGSF* in Building	<i>asf</i>	<i>mgsf*</i>
Total Space in Building		
Less Space Ineligible for State Funding		
Space Eligible for State Funding		
Less Space Previously Funded		
Less Space To Be Requested Later		
Added/Reduced In This Request		

18. Occupying departments and assigned space:

Occupying Departments and Assigned Space (asf)	<i>Department Name</i>	<i>Program Code</i>	<i>Project asf*</i>	<i>Current Request asf**</i>
State- Supportable				
Subtotal State				
Non-State- Supportable				
Subtotal N-S				
Total				

* The sum of these numbers must equal "Total Space in Building" in Item 17 above.
 ** The sum of these numbers must equal "Added/Reduced In this Request in Item 17 above."
 *** MGSF is synonymous with the Revised California Method (RevOGSF50) method for calculating Outside Gross Square Feet:

$$\text{MGSF} = \text{BG} + \frac{1}{2}\text{CU} - \text{NP}$$

BG = Basic Gross Area
 CU = Covered Unenclosed Area
 NP = Nonassignable Area (i.e., parking, etc.)

Reference Facilities Inventory Guide Appendix C for further detail.

19. Contact Person:

Name:
Telephone Number:
Email Address:

20. Alternate Contact Person (to be consulted in the absence of the above-named Contract Person):

Name:
Telephone Number:
Email Address:

Form 5-A Required Attachments:

- Copy of signed Capital Improvement Budget (CIB) (Chancellor-approved projects).
- For projects not yet in construction, submit copy of latest project schedule.
- For all projects in construction, submit copy of latest construction schedule as issued by contractor.
- For projects at or near completion, submit copy of Certificate of Beneficial Occupancy, Certificate of Substantial Completion or Notice of Completion.

Note: Any other pertinent documentation may be submitted at campus discretion (not required).