



**FACILITIES  
MANAGEMENT**

EAST TENNESSEE STATE UNIVERSITY

Request #: \_\_\_\_\_  
(To be completed by Facilities)

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## Proposal for Facilities Improvement Funds

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Requestor:	_____	Date:	_____
Telephone:	_____	Email:	_____
Department:	_____	Box No:	_____
Building:	_____	Room No:	_____

Please submit proposals by **Monday, April 18, 2022** to Kim Edwards at [edwards@etsu.edu](mailto:edwards@etsu.edu).

**Detailed Project Description:**

**Estimated Budget:**

**Timeline:**

**Expected Outcomes:**

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**To be completed by Space Management/Facilities Management:**

**Committee Recommendations:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_