

Current Date _____

Initiator _____ Email _____ Ext. _____

Department Requesting _____

Dean/Vice President Signature _____

Sr Vice/Provost/President Signature _____

(Required before submission to Facilities Operations)
OFFICIAL USE ONLY

 ROM NUMBER

 PROJECT COORDINATOR

 BUILDING CODE

 DATE ROM RETURNED

FY2026 ROM REQUEST ROM ESTIMATE (Estimate to help identify needed funds)
Please select category to the best of your ability

Asset Addition

Classroom/Laboratory Refresh

Faculty Start-up

Program Enhancement

Asset Preservation

Compliance/Regulatory

Health/Safety

Revenue Initiative

WORK DESCRIPTION:
*Include as much detail as possible
 such as specs, quotes, etc.*
BUILDING NAME (if applicable): _____

SPACE CODE/LOCATION (if applicable): _____

This is a rough order of magnitude (ROM) estimate to be used for budgetary purposes only. ***Firm estimates will be obtained upon Capital funding approval by Board. Upon approval of funds a Work Order form must be submitted (form found at www.fit.edu/facilities/). ALL forms must be submitted to projects@fit.edu.***

Office Use

Involvement:

Facilities \$ _____

IT \$ _____

None \$ _____

(other costs)
TOTAL ROM PROJECT COST \$ _____
Florida Institute of Technology • Facilities Operations

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