Online Capital Project Request Form

List of Capital Request Questions:

PROJECT INFORMATION –

1. Create a Project Name (max 40 characters)
2. Provide a Project Description *****
    a. Describe the scope, location, potential users and whether swing space is required.
    b. If relevant, include room numbers, approximate square footage and attach a floor plan highlighting area of impact.
    c. For equipment/systems, please include a description of benefits.
3. Select Project Type *****
    a. Code or Infrastructure Deficiency
    b. Equipment/ Systems
    c. Exterior Upgrade
    d. Interior Upgrade
    e. New Construction
    f. Renovation
    g. Feasibility/ Planning
4. Original Request? ***** (Yes/ No)
5. Repeat Request? ***** (Yes/ No)
6. Fiscal Year for this Request ***** (select year)
7. Provide Contact Person
8. Provide Contact Phone Number ***** (XXX-XXX-XXXX)
9. Provide Contact E-mail
10. Select if funded by a Unit Operating Budget ***** (Yes/ No)
11. Select if funded by a University Held Unit Surplus ***** (Yes/ No)
12. Select if funded by a Gift or Endowment ***** (Yes/ No)
13. Select if funded by the University ***** (Yes/ No)
14. Provide a Cost Estimate ***** (if not known leave default 0.0)
15. Select if there are funding opportunities provided by Development ***** (Yes/ No)
16. Select if there are funding opportunities provided by Cost Sharing ***** (Yes/ No)
17. Is this your only request this Fiscal Year ***** (Yes/ No)
18. If not, provide the relative priority ranking of this request…
19. …to the amount of requests you are making
20. Autocompleted
21. Autocompleted
22. Autocompleted
23. Autocompleted
24. Status will stay as Draft until you save (create) or cancel
25. Provide the Department or Program Affected *****
26. Input the Building Name *****
    a. Input the first three letters of the building (wait a second for the autopopulate list to show)
    b. Select the building from the list
    c. If needed, use % as a wildcard for searching purposes
27. Autocompleted *****
28. Select PSC Group *****
    a. Campus Enhancements
    b. Capital A&R
    c. Major Projects

        d.   Residential Properties
        e.   Units
        f.   Utility Infrastructure

29. Select requested Project Starting Date *
30. Select requested Project Completion Date *

PROJECT JUSTIFICATION/ DETAILED DESCRIPTIONS –

31. Provide Project Justification and Consequences of not funding
    a. Describe how this project furthers academic or administrative goals
    b. Describe the negative impact of not funding
32. Provide potentially required project schedule
    a. Describe the implications of schedule delays
    b. Detail options that exist to bridge the time between need and completion
    c. Discuss how you will accomplish this schedule
33. Describe if there are any linkages to this project request
    a. Does this project trigger another project?
    b. Is it linked to others in your unit or in the University?
34. Describe what other alternatives to this project have been considered and why were they discounted?
35. Describe if this project is expected to decrease/increase either Unit or University operating costs? How and by how much.
36. Will this project increase square footage? If yes, by how much?
37. Will this project result in or require the modification of space adjacent to the proposed project area? If yes, please describe.
38. Will the result of this project require any special equipment, operating conditions, or the purchase of equipment or furniture? If so, is it part of this request? If not part of this request, please describe further requirements and estimated costs.

PROJECT CRITERIA CHECK-LIST –

39. Does the project correct Life/Safety concerns? (Yes/ No)
40.   -If so have citations been issued? (Yes/ No)
41. Does the project address environmental or code violations? (Yes/ No)
42.   -If so have citations been issued? (Yes/ No)
43. Does the project correct accessibility issues? (Yes/ No)
44.   -If so have citations been issued? (Yes/ No)
45. If deficiency is not corrected will the use of the facility be adversely affected? (Yes/ No)
46. Are the components of this project beyond effective repair? (Yes/ No)
47. Was this project included in last year's Capital Project list, but not funded? (Yes/ No)
48. Is project related to a Presidential Initiative? (Yes/ No)
49. If deficiency is not corrected will it cause significant damage to the facility or its contents? (Yes/ No)
50. Is this project a sequential phase of a multi-phased, schedule- critical, project? (Yes/ No)
51.   -If so please indicate which project(s)
52. Will this project significantly reduce O&M costs? (Yes/ No)
53. Will this project address significant client complaints? (Yes/ No)
54. Does project expand programming and/ or provide additional space (SF)? (Yes/ No)
55. Will this project support Sustainability objectives and/or generate energy savings? (Yes/ No)
56. Is this project a Priority 1 or 2 project in the Facility Condition Assessment database? (Yes/ No)
57. **Provide estimated square footage increase with implementation of this project ***