

Original Request
 Repeat Request
 FY: ____

CAPITAL PROJECT REQUEST FORM
 (Please Submit Electronically)

Unit-Funded: from: Unit Operating Budget University Held Unit Surplus Cost estimate: (include brief explanation)	University-Funded:	
Additional Funding Opportunities: Development Cost-Sharing/Matching		
Relative Priority: Only Request -or- Rank: ___ of ___		
Project Number: (Facilities use only)	Building Name:	Property I.D.:
Project Name: (please limit to 40 characters)		
Unit Submitting Proposal:		
Department or Program Affected:		
Contact Person:	Phone:	Email:
Requested start date:	Requested completion date:	
PROJECT TYPE (please select one classification from below):		
Feasibility/Planning:	Renovation:	
New Construction:	Code or Infrastructure Deficiency:	
Interior Upgrade: (includes furniture)	Exterior Upgrade: (incl. Landscape and Lighting)	Equipment/Systems:
Project Description: Describe the scope, location, potential users and whether swing space is required. If relevant, include room numbers, approximate square footage and attach a floor plan highlighting area of impact. For equipment/systems please include a description of benefits.		
Project Justification and Consequences of not funding: Describe how this project furthers academic or administrative goals or supports new initiatives and the negative impact of not funding.		

Project Schedule: Describe the required schedule. Discuss implications of schedule delays. Detail options that exist to bridge the time between need and completion. Discuss how you will accomplish this schedule.

Linkages: If this project triggers another project or is linked to others in your unit or in the University, describe below:

Answer the following as they pertain to the project:

1. What other alternatives to this project have been considered and why were they discounted?
2. Is this project expected to decrease/increase either Unit or University operating costs?
How and by how much?
3. Will this project increase square footage? If yes, by how much?
4. Will this project result in or require the modification of space adjacent to the proposed project area? If yes, please describe.
5. 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.

APPROVALS

Dean or Director _____

Date _____