

Capital Project Request Form

Project Executive Summary

PROJECT NAME:

DATE:

BUILDING/SPACE:

DIVISION:

PROJECT REPRESENTATIVE:

EMAIL:

Project Objectives

(check all that apply)

- Renovate space within assigned footprint to update existing divisional services or offerings ☐
- Expand our divisional footprint into other facilities with leadership approval ☐
- Enhance our student and faculty experience by adding new divisional programming and service ☐
- Address issues concerning ADA, mobility or other accessibility issues ☐
- Modify space in order to meet institutional research, teaching, and learning objectives ☐
- Enhance information and communication technologies for greater flexibility and utilization ☐

Project Partnerships

- Is this project to be jointly funded and/or managed by multiple campus partners? YES ☐ NO ☐
- If so, will there be a memorandum of understanding or other joint agreement? YES ☐ NO ☐
- To the best of your knowledge, will this impact community members in adjacent spaces? YES ☐ NO ☐
- Will this work impact any centrally controlled spaces (e.g., Registrar controlled classrooms)? YES ☐ NO ☐
- Are you seeking central funding or other campus partner funding to support this modification? YES ☐ NO ☐

Project Narrative

Briefly summarize the proposed project in the space provided. Describe what this project hopes to achieve and how that achievement works towards meeting institutional goals, aspirations, and/or objectives. Include any information related to preferred schedule and key deadlines.

DIVISION LEADERSHIP:

FINANCIAL OFFICER:

Signature:

Signature:

AVAILABLE FUNDS:

SOURCE:

FISCAL YEAR:

Capital Project Request Score Card

Capital Projects & Planning Assessment

(This section to be completed by Facilities Management & Planning personnel only.)

SQUARE FOOTAGE:

BUILDING/SPACE PORTFOLIO:

FY OF MOST RECENT PROJECT(S):

FUTURE MAJOR CAPITAL PROJECT(S):

Will project require permitting through local, state, or federal agencies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will project require life safety systems modifications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the overall facility or space ADA compliant or otherwise accessible?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will asbestos abatement or other specialized demolition be required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is limited to Furniture, Fixtures, & Equipment (FFE) and/or interior finishes (paint, carpet)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Project Manager:

Project Architect:

PRELIMINARY SCOPE ASSESSMENT (INITIAL AND DATE)



PRELIMINARY BUDGET ASSESSMENT (INITIAL AND DATE)

Has this building/space seen multiple unfunded requests in the last three (3) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the requesting division providing full funding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this an Advancement initiated project or related to donor/alumni relations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

CAMPUS INFRASTRUCTURE PARTNERS REQUIRED (CHECK ALL THAT APPLY):

- | | | | |
|---|--|--|------------------------------------|
| <input type="checkbox"/> Networking | <input type="checkbox"/> Digital Media Services | <input type="checkbox"/> Campus Safety | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Enterprise Risk Management | <input type="checkbox"/> Environmental Health & Safety | <input type="checkbox"/> Facilities Operations | |

RECOMMENDED DELIVERY METHOD:

- | | | |
|---|---|--|
| <input type="checkbox"/> Design-Bid-Build (Traditional) | <input type="checkbox"/> Design-Build (DB) | <input type="checkbox"/> Construction Manager-at-Risk (CMAR) |
| <input type="checkbox"/> Job Order Contract (JOC) | <input type="checkbox"/> JOC Hybrid (Design-Build Within JOC) | <input type="checkbox"/> Self-Perform (Shops) |