Print Form

Capital Project Request Form

Submittal Date:

Project Classification

☐ Program (New Recruit) ☐ Program (Existing) ☐ Renewal ☐ Life Safety ☐ Other

Project Information

Project Name *(faculty name, if apppropriate)*:

Requestor/Contact: Requestor's Phone No.:

Department/Center:

Does the proposed project fit into existing depart./center space? ☐ Yes ☐ No *(then please specify options in the Project Descrip field)*

Proposed Location: *Building:* *Room(s):*

Project Description:

Project Justification:

Project Schedule

The proposed occupancy date:

** Please note that all project schedules will be completed and verified upon receipt of all necessary approvals and securing of project funds.*

Project Costs

What is the proposed project cost?

Has a funding source been secured for the project? ☐ Yes *(if so, please specify)* ☐ No

Has an estimate been performed for this proposed project? ☐ Yes *(if so, please forward to Bio Med Facilities)* ☐ No

if Yes, by whom? ☐ Univ. Facilities Mngt ☐ Bio Med Facilities Mngt ☐ Other

Are there any annual costs associated with supporting this project? ☐ Yes ☐ No

if Yes, please list and explain:

Authorizations to Proceed

Department/Center Head Approval: Date:

Associate Dean Approval: Date:

Executive Dean Approval: Date:

Director of Bio Med Facilities Sign-off: Date: