



PROJECT PROPOSAL FORM

This Project Proposal Form is intended to provide the information necessary for Planning Design & Construction (PD&C) to develop preliminary project budget information, and for the Space and Facilities Administrative Advisory Committee to recommend action upon. Please provide brief but specific detail describing the need for the project. This process is not intended for routine maintenance needs. The endorsements of the Requestor's Dean / Department Head and SVP are required at the time of the initial submittal of this Proposal.

Submitted By

| | |
|----------------------------|--------------------|
| College / Division: | Department: |
| Contact Person: | Phone: |
| | Email: |

General Project Information

| | | | | | |
|---|--------------------------|----------------------------|-------------------------|---------------|----------------------|
| Building Number(s): | Building Name(s): | | | | |
| Room Number(s): | | | | | |
| Approximate Floor Area (Gross Sq. Ft.) of Project: | | | | | |
| Current Occupants: | New Occupants: | | | | |
| Approximate No. of Occupants in Project Area | Faculty: | Staff: | Students: | Other: | |
| Areas to be Addressed | Classroom | Research | Office | ADA | Health/Safety |
| Type of Work | Change of Use | Interior Renovation | New Construction | Other | |

Brief Project Description:

Why is Project Needed (objectives/justification/strategic alignment) (indicate all that apply)

| | | |
|--------------------------|-----------------------------|-----------------------------|
| Grant Requirement | Matching Requirement | Contract Requirement |
| Hiring Commitment | Program Growth | Instruction Benefit |

Why the Project is Needed:

Negative Impacts if Project is Not Approved:

| | | | | |
|-----------------------------------|---------------|-------------|---------------|---------------|
| Preferred Construction Scheduling | Spring | Fall | Summer | Other: |
|-----------------------------------|---------------|-------------|---------------|---------------|

Preferred Completion/Occupancy Date & Year:

Construction Impacts (to ongoing operations):

Project Funding

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|--|------------------------------------|
| Anticipated Project Funding Source: | |
| Department Funds Available to Support Project: \$ | Fund Source Account Number: |
| Required Furnishings/Moveable Equipment Cost Estimate: \$ | Fund Source Account Number: |

Project Endorsements - Required PRIOR to Preliminary Budget Estimate

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| Name & Signature of Requestor: |
| Name & Signature of Dean / Department Head: |
| Name & Signature of Applicable SVP: |

Preliminary Budget Estimate (For PD&C Use Only - do not write in this box)

Preliminary Total Project Cost Estimate provided by PD&C, utilizing typical historical construction cost and indirect expense data for the type of use and construction anticipated, based on the project scope and conditions noted on this form. Please note that renovations and alterations are subject to Federal Accessibility Requirements, including allocating up to 20% of the cost of the alteration to the primary function area toward "path of travel" accessibility improvements. This requirement and its application to each project will need to be verified with the Disability Resource Center and the Office of the General Counsel, regardless of whether or not an amount for "Path of Travel" has been included below.

| | |
|--|-------------------------------------|
| Estimate by: | Date: |
| Path of Travel Alteration Estimate: | Total Project Cost Estimate: |

PROJECT APPROVAL - Provost / SVP Business Affairs - AFTER Estimate

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| Name & Signature: |
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