



Capital Project Request

Date: _____

Request for (check one):

Space Planning or Interior Renovation

B Building Expansion or Addition

New Building Construction

Project location: _____

Project description\scope of work:

How many students do you expect will benefit from this project? _____

Explain:

Briefly explain how will campus academic or other programs be affected by this project?

Briefly explain how will this project advance the mission of your department?

Has funding been identified for this project? Yes No

Account #	
Account Name	
Amount	

<i>To be completed by Facilities Management</i>	
Architect /Engineer Required? Yes No	Architect/Engineer Fee: _____
Construction Cost Estimate: _____ <small>(Should include F&E and abatement)</small>	Method of Finance Required: Yes No
Project Total: _____	Project Delivery Method (select one)
	Conv. Bid J.O.C. CMAR

Requested by: _____
Print

Department: _____

Contact Information
Phone: _____
Email: _____

Authorization

Director of Facilities Management

Budget Officer

Grant Accounting (if applicable)

Dean/Director

Controller

Vice Chancellor