



**Project Request / capital project**

Working title: \_\_\_\_\_ Date: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Project location (if known): \_\_\_\_\_

Project description \scope of work: \_\_\_\_\_

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How will this project advance the mission of your college or department? \_\_\_\_\_

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How will students and faculty benefit from this project? \_\_\_\_\_

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How will other campus programs (academic or otherwise) be affected by this project? \_\_\_\_\_

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Have any studies been done for the project?  Yes  No

If yes, **send** with this request.



**Project Request / capital project**

Describe the funding source. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized by:

This authorization indicates that the request has been evaluated by the appropriate campus stakeholders and that Facilities Management may proceed with the capital project process.

\_\_\_\_\_  
Department Chair or Director signature Date

\_\_\_\_\_  
Dean signature Date

\_\_\_\_\_  
Provost or Vice Chancellor signature Date

\_\_\_\_\_  
Vice Chancellor for Finance and Administration signature Date