**Original Request**

 **Repeat Request**

**FY:**

**Capital Project Request Form**

**(Please Submit Electronically)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **College-Funded:**  **from:**  **College Operating Budget**  **Grant Application (Describe)**  **Cost estimate: (include brief explanation)** | | | | **District -Funded:** | | | | | | **Approved in Capital Budget**  **Yes**  **No**  **or Annual Capital Plan Submittal** |
| **Additional Funding Opportunities:** **Development (Grant opportunity)** | | | | | | | | | | |
| **Rank priority:**  **Low**  **Medium**  **High** | | | | | **Date of Submittal:** | | | | | |
| **Project Number**: (Facilities use only) | | **Building Location/College**: | | | | | | | **Building Name**: | |
| **Project Name:** (Please limit to 40 characters) | | | | | | | | | | |
| **Department Submitting Proposal:** | | | | | | | | | | |
| **Department or Program Affected:** | | | | | | | | | | |
| **User Team Leader:** (Please include title) | | | | **Phone:** | | | | **Email:** | | |
| **Requested start date**: (Please review attached planning schedule) | | | **Requested completion date:**  **Number of Weeks**: | | | | Does Target Completion Date fall within established scheduling guidelines for project type  **Yes**  **No** | | | |
| **Project Type (please select one classification from below)** | | | | | | | | | | |
| **Feasibility/Planning:** | | | | **Renovation:** | | | | | | |
| **New Construction:** | | | | **Code or Infrastructure Deficiency:** | | | | | | |
| **Interior Upgrade:**  **(includes furniture)** | **Exterior Upgrade:**  **(Includes landscape and lighting)** | | | | | **Equipment/Systems:** | | | | |
| **Project Justification** | | | | | | | | | | |
| **Which one of the CCC Goals does this project support and why?** (Please explain) | | | | | | | | | | |
| **Please describe the benefits to CCC of implementing this project?** | | | | | | | | | | |
| **Present Enrollment/Occupancy:** | | | | **Projected Enrollment/Occupancy:** | | | | | | |
| **Occupancy Explanation**: Please describe the assumptions supporting increase/decrease in enrollment and or occupancy. Include any data (cite source of data) used to develop your projections. | | | | | | | | | | |
| **Project Description**: Describe the scope, location, potential users and whether swing space is required. If relevant, include room numbers, approximate square footage and attach a floor plan highlighting area of impact (Capital Planning & Construction can assist). For equipment/systems please include a description of benefits. | | | | | | | | | | |
| **Project Justification and Consequences of not funding**: Describe how this project furthers academic or administrative goals or supports new initiatives and the negative impact of not funding. | | | | | | | | | | |
| **Project Schedule:** Describe the required schedule. Discuss implications of schedule delays. Detail options that exist to bridge the time between need and completion. Discuss how you will accomplish this schedule. | | | | | | | | | | |
| **Linkages:** If this project triggers another project or is linked to others in your unit or in the College/Department, describe below. | | | | | | | | | | |
| **Answer the following as they pertain to the project**:   1. **What other alternatives to this project have been considered and why were they discounted?**      1. **Is this project expected to decrease/increase either College or District operating costs?**   **How and by how much?**       1. **Will this project increase square footage? If yes, by how much?** (Capital Planning staff can assist)        1. **Will this project result in or require the modification of space adjacent to the proposed project area? If yes, please describe.**        1. **Will the result of this project require any special equipment, operating conditions,**   **or the purchase of equipment or furniture? If so, is it part of this request? If not part of this request, please describe further requirements and estimated costs.** | | | | | | | | | | |
| **Project Approval (please type in name, date and check box)** | | | | | | | | | | |
| **President:**  **Approved**  **Date:** | | | | **Executive Business Director**  **Approved**  **Date:** | | | | | | |
| **Director Auxiliary Services:**  **Approved**  **Date:** | | | | **Project Team Leader**   **Approved**  **Date:** | | | | | | |