**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:**      |