CPAC Project Initiation Request

MONTH YEAR

|  |  |
| --- | --- |
| Project Title | Name of Project (If known, the Title should be: Building Name-Room or Area-Work Being Performed) |
|  |
| Project Type | (Remodel, Repair, New Construction, Renovation, etc.) |
|  |
| Requested Action | What action is requested?[ ]  Approval to proceed with planning and design[ ]  Approval to proceed with fundraising[ ]  Project presented only for special condition review, approved for construction |
|  |
| General Description of Project Scope | Description of the work*Consider the following:** *Project size (sq ft) and location if known*
* *Scope of work*
* *CPAC special review conditions if appropriate*
* *Relocation of any occupants or functions*
* *Describe any project alternatives explored*
 |
|  |
| Justification/Need for project | Describe the need*Consider how the proposed project will:** *Support faculty, students and staff*
* *Relate to or support the university’s mission and strategic plan*
* *Relate to other projects*
* *Address environmental health or safety concerns*
 |
|  |
|  | *If project to be submitted to Board of Regents for approval to proceed with planning, complete the following table; if not, do not complete and delete.* |
| Board Evaluation Criteria | Does this project help fulfill the institution’s mission and strategic plan through: |
|  |  |  | **Yes** | **No** |  |
| 1. Faculty needs
 | [ ]   | [ ]   |
| 1. Program accreditation
 | [ ]   | [ ]   |
| 1. Student demand
 | [ ]   | [ ]   |
| 1. Environmental health or safety
 | [ ]   | [ ]   |
| 1. Self-supporting auxiliary needs
 | [ ]   | [ ]   |
| 1. Other strategic plan-related criteria
 | [ ]   | [ ]  |
|  |
| Anticipated Project Budget | Project budget may be represented as a cost range.Example: Project cost range is $2.3M to $2.8M. Funds available for preliminary planning costs are $100,000. |
|  |
| Fund Source for Planning | Fund source(s) and account number(s)Example: PG XXXXXX (XXX – GUAC – AAS) |
|  |
| Anticipated Source(s) of Funds for Project | Name of the potential fund source(s) |
|  |
| Anticipated increase in Operations & Maintenance and Utility costs | Anticipated increase may be represented in a range.Name of the potential fund source(s) |
|  |
| Schedule Considerations |  |
|  |
| Requested By: |  | Requested By: |
|  |
|  |  |  |
| Requestor (Print)College/Unit |  | Provost/SVP or Equivalent (Print)University Division |
|  |
|  |  |  |
| Requestor (Signature) |  | Provost/SVP or Equivalent (Signature) |
|  |
|  |  |  |
| Date |  | Date |
|  |
| Presidential Approval Date: |  |  |
|  |
| Comments or Action: |  |
|  |
| Optional Attachments:* Plan
* Location, with map if available
* Detailed program description
* Financial analysis
 |