CPAC Project Initiation Request

MONTH YEAR

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| Project Title | Name of Project (If known, the Title should be: Building Name-Room or Area-Work Being Performed) | | | | | | | | |
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| Project Type | (Remodel, Repair, New Construction, Renovation, etc.) | | | | | | | | |
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| 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 | | | | | | | | |
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| 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* | | | | | | | | |
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| 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* | | | | | | | | |
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|  | *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 | | |  |  |
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| 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. | | | | | | | | |
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| Fund Source for Planning | Fund source(s) and account number(s)  Example: PG XXXXXX (XXX – GUAC – AAS) | | | | | | | | |
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| Anticipated Source(s) of Funds for Project | Name of the potential fund source(s) | | | | | | | | |
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| Anticipated increase in Operations & Maintenance and Utility costs | Anticipated increase may be represented in a range.  Name of the potential fund source(s) | | | | | | | | |
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| Schedule Considerations |  | | | | | | | | |
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| Requested By: | | | | |  | Requested By: | | | |
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| Requestor (Print)  College/Unit | | | | |  | Provost/SVP or Equivalent (Print)  University Division | | | |
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| Requestor (Signature) | | | | |  | Provost/SVP or Equivalent (Signature) | | | |
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|  | | | | |  |  | | | |
| Date | | | | |  | Date | | | |
|  | | | | | | | | | |
| Presidential Approval Date: | | |  | | |  | | | |
|  | | | | | | | | | |
| Comments or Action: | |  | | | | | | | |
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| Optional Attachments:   * Plan * Location, with map if available * Detailed program description * Financial analysis | | | | | | | | | |