



Project Title: _____

Date Submitted: _____

Description: (Attach support such as plans, maps, drawings, space info, possible solutions, etc)		Type of Request: (check all that apply)	
		<input type="checkbox"/> New Space <input type="checkbox"/> Renovation/Remodel <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Technology/Equip <input type="checkbox"/> Furnishings <input type="checkbox"/> Infrastructure <input type="checkbox"/> Planning <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
		Justification: (Explain why this is important to your program and to the campus)	
		Liability Issues: (check all that apply)	
		<input type="checkbox"/> Health and Life Safety <input type="checkbox"/> Code/Regulatory Issues Strategic Plans: (check all that apply)	
Number of Students Impacted: _____ Timing of Need <input type="checkbox"/> Short Term (- 3 yrs) Number of Faculty Impacted: _____ <input type="checkbox"/> Long Term (3 + yrs)		<input type="checkbox"/> Outcome # _____ <input type="checkbox"/> AQIP Project _____ <input type="checkbox"/> Tier #1 Priority <input type="checkbox"/> Tier #2 Priority <input type="checkbox"/> Tier #3 Priority	
Improves Facility Utilization: Yes <input type="checkbox"/> No <input type="checkbox"/> Reduces Operating Costs: Yes <input type="checkbox"/> No <input type="checkbox"/> Improves Program Adjacency: Yes <input type="checkbox"/> No <input type="checkbox"/>		Estimated Costs:	
Comments and/or Special Requirements:		One Time Investments: \$ _____	
		New Recurring Costs: \$ _____	
		Funding Issues:	
		Funds Available: \$ _____	
		Source of Funding: _____	
		Potential Revenues: _____	

 Name (Contact Person) Department Phone Email Address

Required Approvals		
Endorsement Statement (Department Head)	Date:	By:
Endorsement Statement (Dean or Director)	Date:	By:
Endorsement Statement (Vice Chancellor)	Date:	By: