

2005 -2006 MINOR CAPITAL OUTLAY REQUEST PROPOSAL

Project Title _____

Project Category (Please Check One): CRI CD S ADA2 WRK ECON

Project Location _____
(Building Name and Room Number)

Person to Contact _____ Ext. _____
(Dean, Director, Department Head)

Have you Submitted this Project Before? Yes No If Yes, When? _____

PROJECT DESCRIPTION

Please provide detailed answers to the following questions. If needed, attach additional pages. Note: Complete Attachment B if proposed project is adding new space or changing the use of existing space.

1. **What do you propose to do?**

2. **Who will be affected by this project?**

3. **What will the project entail in terms of construction (e.g., addition of new walls or doors, realignment of the HVAC systems, realignment for lighting switches/fixtures, provisions for wall finishes, special equipment)?**

4. **What is the estimated construction cost for this project? What is the estimated Group II equipment cost? How was it developed?**

5. **Identify if asbestos is present. Does it need to be abated?**

PROJECT JUSTIFICATION

(In this section, please make reference to projected enrollment, academic program requirements, existing resources, and health and safety concerns, if appropriate.)

6. **Why is this project needed?**

7. **How will this project benefit the academic program?**

8. **What are the consequences if this project is not accomplished?**

9. **Are documents attached that support your request? (Floor plans, photos, brochures, citations, etc.)** Yes No

Return this completed form through your line organization to:

The Office of Facilities Planning, by April 1, 2004.

Attachment A