

CAPITAL PROJECTS SERVICE REQUEST (CPSR)

FACILITIES PLANNING

Project Number _____

Capital Projects Service Request (CPSR)

Date Received _____

Instruction: The requestor should complete this form through step 4 and forward the request to Facilities Planning at Portable 832B. Signatures of Chair/Director, Dean or Vice President must be obtained on all requests. Contact the office of Facilities Planning at x2016 should you need assistance.

1 Description and Justification of Request

Location of Project: (Bldg/Floor/Room/other):

Department Requesting:

Description of Request:

(Please attach additional comments marked up "space" file drawing or sketch you feel would be helpful in completing this project)

Justification or Reason for Request:

Name and location of contact person with details: _____ Phone # _____

2 Project Scope Checklist

Please complete this checklist to aid others' understanding for estimating and for approvals. If you are not certain about the information, please leave the space blank. (Indicate with an "X" if you think it may be needed.)

- **Building**
 - **Additions/Modifications:**
 - New Space
 - Space Renovation
 - Space Modification
 - ADA
 - Building Exterior (specify)
 - Voice/Data/Video
 - Mechanical Systems/HVAC
 - Security System/cameras
 - Plumbing Systems
 - Electrical Systems
 - Interior Lighting
 - Fire Alarm System
 - Life Safety
 - Sprinkler System
- **Campus Utility Infrastructure:**
 - Mechanical Systems/HVAC
 - Electrical Systems
 - Potable Water
 - Wastewater
 - Storm Drainage
 - Voice/Data/Video
- **Grounds/Landscaping:**
 - Landscape Care
 - Erosion Control
 - Irrigation
 - Life Safety
 - ADA
- **Roads/Parking/Sidewalks:**
 - Repairs
 - Additions
 - Lighting
 - Signage
 - Life Safety
 - ADA

Other

3 Requestor's Available Budget: _____

(Call Facilities Planning X2016 if you need assistance. DO NOT contact outside contractors)

- 0-\$1,000 \$10,000 - \$20,000 \$100,000 - \$150,000
- \$1,000 - \$5,000 \$20,000 - \$50,000 \$150,000 and Above
- \$5,000 - \$10,000 \$50,000 - \$100,000

(Projects requiring a building permit may require A/E services-these services and permit fees are to be paid by requestor)

Desired Construction Completion Date (Do not use ASAP) MM/DD/YY _____

Expected Source of Funding (and any funding restrictions) **Banner Fund** _____

Note: Prior to proceeding with your CPSR, budget initiator/authorization will be required by Facilities Planning or Physical Facilities.

4 Reviews and Approvals:

	<u>Name</u>	<u>Date</u>	<u>Phone</u>	<u>Appv</u>	<u>Disapv</u>	<u>Hold</u>
Submitted By						
Chair/Director						
Dean						
Vice President						

STEPS 5 THROUGH 7 FOR ADMINISTRATIVE USE ONLY

5 Environmental Health and Safety Considerations:

Reviewed by EH&S Director: _____ Date: _____ Phone: _____

Comments: _____

Permitting Required: (Allow 30 days) _____

6 Building Systems & Controls/Energy Impact Review:

Reviewed by Energy Management _____ Date: _____ Phone: _____

Comments: _____

7 Forward to PF, FP for Estimate, Review and Action:

Reviewed by Director of Physical Facilities _____

Comments: _____

Reviewed by Director of Facilities Planning _____

Comments: _____

DEPARTMENT/PROJECT MANAGER ASSIGNED _____