

D'Youville

DYC ANNUAL CAPITAL PROJECT REQUEST FORM

A Capital Project is for work that transcends routine maintenance. The following are key tests to determine if your request requires the completion of this form: **a)** Will the project extend the life, change the function or structure of existing facilities **or b)** Once completed will the project impact the expense budget (i.e. additional personnel) and/or revenues (i.e. enrollment increase) **or c)** The project represents an expenditure **not** normally associated with the maintenance & repair of the facility (i.e. painting, blinds, carpeting **or d)** Will this capital funding request change the nature or scope of your program by way of investment in technological equipment **or e)** Does this request address a Health, Safety or ADA Access deficiency.

Original Request Repeat Request

Request for College Funding: <input type="checkbox"/>	Funding in Place: <input type="checkbox"/>	Grant Funded: <input type="checkbox"/>
\$	\$	\$

Additional Funding Opportunities: Development (Grant opportunity)

Rank priority: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Date of Submittal:
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Project Number: (Facilities use only)	Building:	Floor/Location:
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Project Name/Description: (Please limit to 40 characters)

Department Submitting Proposal:

Department or Program Affected:

User Team Leader: (Please include title)	Phone:	Email:
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Requested start date:	Requested completion date:	Will the project affect the schedule of any Academic Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROJECT TYPE (please select one classification from below)

Feasibility/Planning: <input type="checkbox"/>	Renovation: <input type="checkbox"/>
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New Construction: <input type="checkbox"/>	Code or Infrastructure Deficiency: <input type="checkbox"/>
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Interior Upgrade: <input type="checkbox"/> (includes furniture)	Exterior Upgrade: <input type="checkbox"/> (Includes landscape and lighting)	Equipment/Systems: <input type="checkbox"/>
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PROJECT JUSTIFICATION

How will this project support the college's mission?

Please describe the benefits to DYC of implementing this project:

Will enrollment be impacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how will enrollment be impacted?
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PROJECT APPROVAL (please sign, date and check box)

(1 st) Department Head or Dean: <input type="checkbox"/> Approved // Date:	(2 nd) AVP for Operations: <input type="checkbox"/> Cost estimate verified // Date:
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(3 rd) Department VP: <input type="checkbox"/> Approved // Date:	(4 th) VP for Finance: <input type="checkbox"/> Approved // Date:
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(5 th) President: <input type="checkbox"/> Approved // Date:	<i>*Please forward copy of fully approved form to:</i> (6 th) VP for Administration: <input type="checkbox"/> Received // Date:
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