

# 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:  Low  Medium  High

Date of Submittal:

Project Number: (Facilities use only)

Building:

Floor/Location:

Project Name/Description: (Please limit to 40 characters)

Department Submitting Proposal:

Department or Program Affected:

User Team Leader: (Please include title)

Phone:

Email:

Requested start date:

Requested completion date:

Will the project affect the schedule of any Academic Programs?

Yes       No

### PROJECT TYPE (please select one classification from below)

Feasibility/Planning:

Renovation:

New Construction:

Code or Infrastructure Deficiency:

Interior Upgrade:   
(includes furniture)

Exterior Upgrade:   
(Includes landscape and lighting)

Equipment/Systems:

### 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?

Yes       No

If yes, how will enrollment be impacted?

### PROJECT APPROVAL (please sign, date and check box)

(1<sup>st</sup>) Department Head or Dean:  Approved // Date:

(2<sup>nd</sup>) AVP for Operations:  Cost estimate verified // Date:

(3<sup>rd</sup>) Department VP:  Approved // Date:

(4<sup>th</sup>) VP for Finance:  Approved // Date:

(5<sup>th</sup>) President:  Approved // Date:

*\*Please forward copy of fully approved form to:*

(6<sup>th</sup>) VP for Administration:  Received // Date: