

For Facilities Use Only

Project Name: _____

Project #: _____

Capital Project Planning Form

Instructions: Complete form and secure the electronic signature of the Dean or Director. Email completed signed form to facilities@mtu.edu. Facilities Administration & Planning will follow-up with you to confirm the scope of your project and guide you through the project estimate process.

Project Location & Space Information

Building: _____

Room/Floor/Area: _____

Project Requester: _____

Proposed Fiscal Year:

FY24

FY25

FY26

FY27

FY28

This request is **primarily** for:

Space / Infrastructure (infrastructure includes plumbing, heating, lighting)

1. Are you adding new space? Yes No
2. Are you remodeling or changing existing space? Yes No

Will this space require technology upgrades or modifications? YES NO

Equipment

1. Will installation require space changes or additions?
Yes No

2. Will installation require new infrastructure? (such as plumbing, heating, lighting, etc) Yes No

Project Description

Please provide a detailed description of the request, including specific requirements needed to estimate overall costs, or [Attach File](#). In your description, address each of the evaluation criteria provided in Appendix A. A department scoring column is included on the 2nd page of the form, if the department head wants to provide a self-evaluation based on the criteria. (attachments will show up under the paperclip icon on the left sidebar)

Goals, Objectives and Alignment with University Strategic Plan

Please provide a detailed description outlining the strategic importance, financial benefits, urgency, and quality enhancements of the project, how it aligns with the Tech Forward Initiatives or [Attach File](#) (attachments will show up under the paperclip icon on the left sidebar)

Project Funding

Anticipated Budget you are **willing to commit** to project:

Planned Funding Source	Index Number (if applicable)	Amount	Check if funds are currently available?
Grant Funds			<input type="checkbox"/>
Internal Funds			<input type="checkbox"/>
External Funds			<input type="checkbox"/>
MTF / Donations			

Dean/Director approval required after all items above are completed.

Dean/Director Title	
Dean/Director Electronic Signature:	

SAVE

Please email saved form to facilities@mtu.edu

Facilities Use Only	
Planning Estimate: \$	_____
Vice President Title:	_____
Vice President Electronic Signature:	_____

Project Evaluation

Priority Evaluation Criteria	Department Scoring	Final Evaluation
➤ Impact on Core Mission of the University		
➤ Investment in Existing Facilities and Infrastructure		
➤ Life and Safety		
➤ Occupancy and Utilization of Existing Facilities		
➤ Estimated Amount of Funding Provided		
➤ Estimated Operating Costs		
➤ Direct Student Impact		
➤ Project Bundling		
➤ Return on Investment		
➤ Alignment of project goals and objectives to University's strategic plan		

GRAND TOTAL:

Approval for CONSTRUCTION

If APPROVED, Vice President Electronic Signature:	_____
If REJECTED, provide explanation:	_____

**If Approved, forward to CFO for signature.
If rejected, email to facilities@mtu.edu**

CFO's Signature:	_____
President's Signature (over \$250K):	_____

CFO saves and sends signed form via email to facilities@mtu.edu

Facilities Use Only	
Estimate File # _____	
Project Engineer Assigned:	_____
Preliminary Estimate:	_____



PROJECT NOTES:

**Appendix A
Annual Capital Planning
Evaluation Criteria**

No.	Evaluation Criteria	Evaluating Factors	Scoring Parameters	Max Points
1	Impact on MTU core mission	To what extent does the project enhance the core (academic, research, or programming) mission of MTU	Low- High	40
2	Investment in existing facilities and infrastructure	To what extent does the project support investment in or adaptive repurposing of existing facilities and infrastructure	Low- High	10
3	Life and Safety	Does the proposed project address facility or infrastructure deficiencies that pose a serious threat of injury or death	Low - High	20
4	Occupancy and utilization of existing facilities	To what extent has the requester demonstrated occupancy and effective utilization of existing facilities to merit capital investment	Low - High	10
5	Estimated amount of funding provided	To what extent is current funding sources available to cover the cost of the project	20 = 100% funding in hand 15 = less than 100% 10 = less than 75% 5 = less than 50% 0 = less than 25%	20
6	Estimated operating costs	To what extent has the requester identified operating costs and existing resources to support them	Low - High	10
7	Direct Student impact	To what extent will the project directly impact students positively	Low - High	10
8	Project Bundling	To what extent is the proposed project able to be bundled with other similar or adjacent projects to create synergy and lower costs	Low - High	10
9	Return on Investment	To what extent does a return on investment apply to this proposed project	20 = less then 2 yr ROI 15 = Less than 5 ROI 10 = less than 10 yr ROI 5 = no ROI 0 = increase in annual costs	20
10	Alignment of the project's goals and objectives to the University's Strategic Plan	To what extent does this project have a direct impact on the University strategic plan and annual priorities	Low-High	20

Maximum Points

170