



Capital Project Request Form

Project Location & Space Information

Building Name: _____
 Room Number: _____
 Project Requester: _____
 Project Name: _____

Is this space currently assigned to your department? Yes No
 Are you changing the use of any existing space? Yes No
 Are you adding any new space? Yes No
 Are you acquiring Specialized Equipment or furniture? Yes No

Type of Project (Check all that apply)

Maintenance/Remodel <input type="checkbox"/>	Construction <input type="checkbox"/>
Equipment <input type="checkbox"/>	Exterior Site Work <input type="checkbox"/>

Project Description

Please provide a detailed description of the request, including specific requirements needed to estimate overall costs, or
(attachments will show up under the paperclip icon on the life sidebar)

Goals and Objectives

Please provide a detailed description outlining the strategic importance, financial benefits, urgency, and quality enhancements of the project, or
(attachments will show up under the paperclip icon on the life sidebar)

Anticipated Fiscal Year (FY) for project: _____

PROJECT FUNDING

Maximum amount of funding requester is willing to commit to this project: \$ _____

Amount of funding currently available: \$ _____

Planned Funding Source	Index Number (if applicable)	Amount	Check if funds are currently available?
Grant Funds			
Internal Funds			
External Funds			
State Funds			
Michigan Tech Fund			

Funds Remaining to be Raised

Please provide an explanation of when and from what source these funds will be committed and/or in-hand. Please include if any grant funds have certain limitations (time, etc.). Indicate any matching funds needed.


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

Dean/Director Title		Date:	
Dean/Director Electronic Signature			

If your project is anticipated to be **under \$50,000**, STOP HERE. Please email saved form to facilities@mtu.edu

If your project is anticipated to be **over \$50,000**, please email saved form to your Executive Team Member and cc: facilities@mtu.edu

Executive Team Member completes ranking and priority.

Priority ranking by Executive Team Member	Ranking Category	Rank	
	Strategic Importance		High = 1
	Capacity & Quality Enhancement		Med = 2
	Urgency		Low = 3
	Grand Total Sum		

Executive Team reviews ranking and based on prioritization when compared to other submitted projects, releases project to Executive Director of Facilities Management for estimating. (Rejected projects are returned to the Dean/Director and cc: facilities@mtu.edu.)

Executive Team Member Title:	
Executive Team Signature:	
Date Approved:	

Save and send approved form via e-mail to facilities@mtu.edu

Facilities Office Use Only

Estimate File # _____

Project Engineer Assigned:
Preliminary Estimate:

Full Project Estimate

Executive Team reviews Preliminary Estimate

If APPROVED, Executive Team Member Signature here:	
If REJECTED by Executive Team Member; Provide Explanation:	
Date Approved or Rejected:	

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

President's Signature:	Date:
------------------------	-------

Executive Director of Facilities Management acknowledges receipt of approval or rejection

Executive Director of Facilities Management notified:	Date:	Signature:
---	-------	------------

Project Notes: