



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 Planning & Construction 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:

FY28 ☐

FY29 ☐

FY30 ☐

FY31 ☐

FY32 ☐

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 In your description, address each of the evaluation criteria provided in Appendix A. (attachments will show up under the paperclip icon on the left sidebar)

Attach File

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			☐
Internal Funds			☐
External Funds			☐
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

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Planning Estimate: \$ _____

Associate VP for Facilities Management Electronic Signature: _____

Planning & Construction Project Evaluation

Priority Evaluation Criteria	Scoring
➤ Impact on Core Mission of the University	
➤ Sustainable 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	
	0

If Approved, forward to Vice President for Administration & CIO for signature.

Vice President for Administration & CIO Signature: _____

President's Signature (over \$500K): _____

Vice President for Administration & CIO saves and sends signed form via email to facilities@mtu.edu

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Estimate File # _____

Project Engineer Assigned: _____

Preliminary Estimate: _____



Full Project 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	Sustainable 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 including energy savings	20 = less than 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