

## Capital Project Proposal Package

### COVER SHEET

**Unit:**

**Unit Sponsor:**

**Project Name:**

**Date:**

**Type of capital project request:**

(select all that apply)

Renovation

New construction

**Type of functional need to be addressed:**

(select all that apply)

Instructional

Clinical service

Research

Food service

Administration

Other

Library

**Issues or opportunities that are driving the need for this project:**

(select all that apply)

Insufficient space

Poor quality space

Wrong mix of existing space

Change in business requires different space

Donor gift

Facilities beyond useful life

Equipment beyond useful life

New technology required to be competitive

**Options that have been evaluated to address the need:**

(select all that apply)

Better utilization of unit's own space

Better utilization of other University space

Sharing space with other units or programs

Renovation/improvement of existing space

Replacement of facilities at existing site

Technology enhancements at existing site

New or expanded facilities adjacent to existing site

New or expanded facilities at a new site

**Sources of project funding:**

(select all that apply)

Unit capital reserves

Grant funding

Donor gift (agreement in place)

Debt financing

Donor funding (projected)

Bridge loans

**Briefly describe your proposed solution to the current problem (e.g., new or expanded facilities adjacent to current site). Please limit your response to 250 words.**

**Unit:**

**Project Name:**

**Required Documentation:**

Please select the documents that follow this cover sheet.

All Capital Project Proposal Package materials must be submitted in the order listed below.

Cover Sheet *	Required
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Funding Plan:	
Overview of Funding Plan	Required
Source/Use Projections *	Required
Assumptions and Supporting Data for Source/Use Projections	Required
Gift Agreements *	Required, if gift agreements exist
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Capital Requests and Projects in Progress *	Required for units with multiple capital projects
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Preliminary Functional Needs Worksheet *	Optional, recommended for units with limited capital project planning experience
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List of Other Institutions with Similar Functional Needs *	Required, if known
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Interim Moves Plan	Optional, but strongly recommended

\* Asterisk denotes that documentation must be submitted in available form template.