

BGSU
OFFICE OF CAPITAL PLANNING
PROJECT REQUEST FORM

CAPITAL PLANNING USE ONLY	
REQUEST TRACKING NUMBER	
RECORDED IN DATA BASE / E-MAILED	
ADDED TO PROJECT BOARD	
ASSIGNED FOR PLANNING	
SENT TO VP FINANCE & ADMIN.	
PROJECT ASSIGNED TO ODC	
PROJECT COMPLETION DATE	

This form is used to initiate the **planning process** required for construction and renovation project approval at BGSU.

Name of requesting Department: _____	Department Contact: _____
Building/area for proposed project: _____	Contact Telephone: _____
Room number(s)/name(s): _____	Contact e-mail: _____

Your view of special requirements, **considerations, challenges**, and **proposed date of completion** for the requested **project**. Please attach any additional supporting documents you may have. **Projects \$500K and over will require BOT approval.**

Objective of project (what the completed project is intended to accomplish):

Relationship to other projects, existing or proposed (include sequencing requirements):

Preliminary Cost Estimate (requestor) \$ _____ Prepared by (source): _____

Funding source: _____ Name and number of DCC to be charged: _____
(required field for locally funded projects)

 Department Head Requesting Planning Printed Name Date

 Dean or Vice President's Approval to Proceed with Project Planning Printed Name Date

UPON OBTAINING THE ABOVE SIGNATURES, FORWARD THIS FORM TO THE OFFICE OF CAPITAL PLANNING

OFFICE OF CAPITAL PLANNING / DESIGN AND CONSTRUCTION USE ONLY

TOTAL BUDGET ESTIMATE \$			
CONSTRUCTION \$	CONTINGENCY \$	A/E FEES \$	ADMINISTRATION FEE \$
FUNDING SOURCE:		ESTIMATED PROJECT SCHEDULE:	

 Dean or VP's Review of Program Statement and Approval To Proceed with Project Date

 Vice President, Finance and Administration - Approval to Proceed Date

 Asst. VP of Capital Planning - Approval To Forward to The Office of Design and Construction Date

 Project Name Project Number Date Funding Encumbered

 University Architect Approval Date Project Manager Assigned