

Capital PROJECT Request Form

| | | | | | | | |
|--|-------------------------|--|--------------------------------------|---------------------------------------|----------------------------------|---|--|
| Requestor: | | Department: | | Phone: #: | | Date: | |
| Description of Requested Project | | | Funding Source | | | Project Identification (Finance & Facilities Use Only) | |
| Initial Request | Supplemental Request | Budgeted: | Yes | No | Project Number: | | |
| Building/Structure: | | Funding Source | | Identifier | Amount | Project Title: | |
| Floor: | | Room #: | A) Centralized Capital Budget | | | | |
| Description: <i>Be as specific as possible.</i> | | Academic | | \$ | Project Manager: | | |
| | | Clinical | | \$ | | | |
| | | | B) Department | | | | |
| | | Department | | \$ | Index/CIP No: | | |
| Justification: <i>Why is request necessary?</i> | | Department | | \$ | Organization Level: | | |
| | | C) State | | | | | |
| | | (ALI/Project#) | | \$ | LAWSON Approval: | | |
| | | (ALI/Project#) | | \$ | | | |
| <i>Changes in room function/usage and/or changes in departmental space assignment must be approved by HSC and/or MC Provost. Approved Space Request Form must be attached.</i> | | D) Grant | | | Program Code: | | |
| | | GAS ID | | \$ | | | |
| Safety and Health Approval | | GAS ID | | \$ | Date Established: | | |
| <u>Check Areas of Concern:</u> | | E) Gift | | | | | |
| Asbestos | Other Safety/ Infection | Foundation ID | | \$ | Total Budgeted Cost | | |
| Interim Life Safety | Control Issues | F) Other | | | Professional Serv./Construction: | \$ | |
| Lead Removal | No Issues | | | \$ | Equipment/Software: | \$ | |
| | | | | \$ | Other: | \$ | |
| | | Total Funding Source: | | \$ | Total Budgeted Cost: | | |
| | | | | \$ | | | |
| | | Total Funding Source Must Equal Total Budgeted Cost | | | | | |
| Approval Signatures Required | | | | | | | |
| Principal Investigator: | | Date: | | Provost or Executive Vice President: | | Date: | |
| Director of Grants Accounting: | | Date: | | Chief Executive Officer of UTMC: | | Date: | |
| Vice President, CIO/CTO: | | Date: | | Senior AVP, Administration | | Date: | |
| Executive VP, Finance & Admin. | | Date: | | Sr. Dir., Planning, Design & Capital: | | Date: | |

Authorization is granted to perform the requested work as defined above utilizing stated Index Number and not to exceed the budgeted cost. Any changes in cost or scope of work requires additional approval.