

Requestor (Your Name):		Date:	
Project Title:			
Building Name & #:			
New Project: <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Project #:	Existing WO#	
Project Description/Scope/Justification (<i>attach any estimate prior to request</i>):			

Expected Start Date:	Expected Completion Date:	Expected Financial Closeout Date:	
Purchase Material & Services		Previously Approved Amount (<i>if applicable</i>):	
In-House Labor		Revised Total Project Cost:	
Contingency:		6%: <\$300K; 5%: \$301K - \$1M; 3%: >\$1M	
Project Mgmt Fee:			
Total Estimate:			

For Committee use only:

Asst VC Capital Project Management	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asst VP Facilities Services	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asst VC/VP Facilities Planning	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Projects Over \$50,000:

MPEC Committee	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sr Assoc VC/VP Facilities/Construction Mgmt	Date	Recommended for Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No

For Business Services only:

Funding Source:	
New Project Cost Center:	

Balances as of:

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Project Scoring Matrix:

Score (1-10)	Weight (%)	Weighted Score	Criteria Items
	40%		(1) Urgent repair, replace, regulatory, mandate, life safety, business continuity
	30%		(2) Impact to research/study/teaching
	15%		(3) Funding contribution, economic payback, sustainability, opportunity to group with other projects and partial funding by others
	15%		(4) Appropriateness of investment, benefits long-range plans and building FCIN
	100%		Total