



# PROJECT PROPOSAL FORM

This Project Proposal Form is intended to provide the information necessary for Planning Design & Construction (PD&C) to develop preliminary project budget information, and for the Space and Facilities Administrative Advisory Committee to recommend action upon. Please provide brief but specific detail describing the need for the project. This process is not intended for routine maintenance needs. The endorsement of the Requestor's Dean or Department Head is required at the time of the initial submittal of this Proposal. Please call 626-4410 with any questions.

## Submitted By

<b>College / Division:</b>		<b>Department:</b>
<b>Contact Person:</b>	<b>Phone:</b>	<b>Email:</b>

## General Project Information

<b>Building Number(s):</b>		<b>Building Name(s):</b>			
<b>Room Number(s):</b>					
<b>Approximate Floor Area (Gross Sq. Ft.) of Project:</b>					
<b>Current Occupants:</b>			<b>New Occupants:</b>		
Areas to be Addressed	Classroom	Research	Office	ADA	Health/Safety
Type of Work	Change of Use	Interior Renovation	New Construction	Other	

### Brief Project Description:

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Is this space assigned to the submitting College / Division? Yes No
If not, please submit a Space Transfer Request to <a href="mailto:pd-c-space@email.arizona.edu">pd-c-space@email.arizona.edu</a>
Why is Project Needed (objectives/justification/strategic alignment) (indicate all that apply)

<b>Grant Requirement</b>	<b>Contract Requirement</b>	<b>Hiring Commitment</b>
<b>Instruction Benefit</b>	<b>Program Growth</b>	<b>Other</b>

### Why the Project is Needed:

### Negative Impacts if Project is Not Approved:

Preferred Construction Scheduling	Spring	Fall	Summer	Other
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### Preferred Completion/Occupancy Date & Year:

## Project Funding

<b>Anticipated Project Funding Source:</b>	
<b>Department Funds Available to Support Project: \$</b>	<b>Fund Source Account Number:</b>

## Project Endorsements - Required PRIOR to Preliminary Budget Estimate

<b>Name &amp; Signature - Requestor:</b>	<b>Date:</b>
<b>Name &amp; Signature - Dean (if academic unit) <u>or</u> Department Head (if Business Affairs unit):</b>	<b>Date:</b>
<b>Signature:</b>	<b>Date:</b>

## Preliminary Budget Estimate (For PD&C Use Only - do not write in this box)

Preliminary Total Project Cost Estimate provided by PD&C, utilizing typical historical construction cost and indirect expense data for the type of use and construction anticipated, based on the project scope and conditions noted on this form. Please note that renovations and alterations are subject to Federal Accessibility Requirements, including allocating up to 20% of the cost of the alteration to the primary function area toward "path of travel" accessibility improvements. This requirement and its application to each project will need to be verified with the Disability Resource Center and the Office of the General Counsel, regardless of whether or not an amount for "Path of Travel" has been included below.

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<b>Estimate by:</b>	<b>Date:</b>
<b>Path of Travel Alteration Estimate:</b>	<b>Total Project Cost Estimate:</b>

## PROJECT APPROVALS - AFTER Estimate

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<b>Name &amp; Signature - Applicable SVP:</b>	<b>Date:</b>
<b>Name &amp; Signature - SVP for Academic Affairs and Provost:</b>	<b>Date:</b>
<b>Name &amp; Signature - SVP for Business Affairs and CFO:</b>	<b>Date:</b>