

UNT CAPITAL PROJECT PROPOSAL FORM

Date: _____ Author: _____

Project Name: _____

Capital Plan Project Number: _____

Relative Project Priority: _____

I. GENERAL INFORMATION

Project Gross Square Feet: _____

Project Description/Program/Scope:

Type of Project: New Construction (Includes Additions) Repair and Renovation

Project Category: Underway - Programming, Design or Construction Existing - Carried Forward
 New Project Future Project
 Completed and/or Deleted

II. PROJECT JUSTIFICATION

Briefly justify the project. Reference the institution strategic plan and/or the campus master plan as appropriate. If this is New Construction, discuss your evaluation of alternatives to new construction, that is, repair and rehabilitation, or leasing options:

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III. PROJECT SITE PLANNING

Does the location of the project site comply with the institution's campus master plan objectives?

YES
 NO
 N/A

Description of Project Site and Location:

IV. PROJECT SCHEDULE

Project Component	Start Date	Target Completion Date
Planning		
Construction		

V. ESTIMATED COST OF PROJECT

Planning: _____

Construction: _____

Bond Issuance Costs: _____

Estimated Annual Operating Budget: _____

Total Project Cost: _____

VI. FINANCIAL PLANNING

Sources of Project Funding (equal to the Total Project Cost)

Source #1: _____	\$	
Source #2: _____	\$	
Source #3: _____	\$	
Source #4: _____	\$	
Source #5: _____	\$	
(TOTAL) PROJECT COST		\$ _____

Source of Revenue to Pay Revenue Bond Debt Service:

Legislation Requirement:

Is enabling legislation required for this project? YES NO

If yes, is enabling legislation in place? YES NO

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VII. SUBMISSION/APPROVALS

Submission Information:

Requester Name (Dean/Department Head)	Title	Date	Signature

Approver Name (Vice President/AD)	Title	Date	Signature

Consideration by Capital Project Plan Evaluation Committee:

Date Received	Date Considered	Recommendation