



CAPITAL IMPROVEMENT REQUEST

PART I - PROJECT DESCRIPTION *To be completed by Initiator*

SCHOOL OR ADMIN. OFFICE	LOC. #	SEQ. #
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GENERAL DESCRIPTION OF THE PROJECT

CONTACT PERSON	PHONE	<input type="checkbox"/> DISCRETIONARY FUNDS	<input type="checkbox"/> NON-TAX FUNDS	DATE
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INITIATOR	TITLE	SIGNATURE
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DETAILED PROJECT DESCRIPTION: Include exact location in facility, and what is to be done. Describe the current use of the area, and then the proposed use of the area. Is the project related to other work or equipment purchase? Attach a sketch, and/or additional information if necessary.

SKETCH OR INFO ATTACHED

PROJECT WILL BE MANAGED BY SITE ADMINISTRATOR

PROJECT NOT IN 5-YEAR PLAN AND NEEDED BY (Date):

<input type="checkbox"/> PROJECT INCLUDED IN 5-YEAR PLAN, BUT NEEDED BY (Date):	PLAN YR.	PROG. #
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IF PROJECT IS NEEDED NOW OR EARLIER THAN PLANNED, PLEASE EXPLAIN:

PART II - AREA/BUREAU REVIEW & APPROVAL *To be completed by Area/Bureau Administrator*

DISAPPROVED *Return to Originator*

<input type="checkbox"/> DEFERRED	FUTURE PROJECT	PLAN YR.	PROG. #
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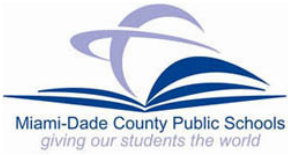
APPROVED AREA/BUREAU RENOV. FUNDS AREA/BUREAU EQUIP. FUNDS OTHER FUNDS

OTHER FUND SOURCE	PROGRAM	PROG. #
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OTHER FUND JUSTIFICATION:

AREA / BUREAU PRIORITY JUSTIFICATION:

REVIEWER	TITLE	SIGNATURE	DATE
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CAPITAL IMPROVEMENT REQUEST

PROJECT #					

PART III - INITIAL PROJECT BUDGET/SCOPE *To be completed by Facility Planning & Design*

INITIAL SCOPE OF WORK

RECOMMENDED AGENCIES	EPC 1		APC 1		P / A		UBCI		T M		TEST	
	EPC 2		APC 2		PR MGR		FP & D		T & B		SURV	
INITIAL ESTIMATED COST	ESTIMATED BY: (NAME & SIGNATURE)											

PART IV - ESTIMATED PROJECT DATA *To be completed by assigned design agency*

INITIAL SCOPE OF WORK

ESTIMATED COST		ANTICIPATED SCHEDULE	
DESIGN		START DESIGN	
CONSTRUCTION		FINISH DESIGN	
CONTINGENCY		RECEIVE BIDS	
FURN. FIX & EQUIP.		AWARD / START CONST.	
OTHER		COMPLETE CONST.	
TOTAL		OCCUPANCY	

RECOMMENDED CONST. AGENCY
 CIF
 TERM BID
 REGULAR BID
 P T A / PRINCIPAL

DESIGN AGENCY PROJECT MANAGER:	SIGNATURE	DATE
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PART V - FUND SOURCE & ASSIGNMENT *To be completed by Capital Outlay Budget Section*

<input type="checkbox"/> TRANSFER FUNDS	AMOUNT	FROM STRUCTURE
FUNDS APPROVED BY:		
WORK ORDER #		ASSIGNED TO :
CONST. BUDGET	FEE BASIS	STRUCTURE
.PROJECT ASSIGNED BY #		DATE
C I C APPROVAL <input type="checkbox"/>	C I C CONFIRMATION <input type="checkbox"/>	AGENDA ITEM <input type="checkbox"/>
		DATE