

LAFAYETTE COLLEGE

2015-2016 CAPITAL BUDGET PROJECT REQUEST FORM

Requested Completion Date	Building Name/Campus Location	Project Title	Cost Estimate
Submitted by	Department	Phone Number	Email Address @lafayette.edu

Priority (Please check box below)

Desirable ☐

This Project will offer substantial improvements but is not time-sensitive and/or can be deferred without causing significant problems.

Important ☐

This Project will greatly enhance the capabilities of the department to deliver quality services.

Critical ☐

This Project is vital to the mission of the College; cannot continue providing critical services without it.

Provide a brief description of work to be performed and if applicable, include the purchase of furnishings

(Attach simple drawings or extra sheets if appropriate).

Justification: (include contribution to the College's mission and strategic goals, if appropriate) (Attach extra sheets as needed).

Is there an ITS component to this Project? Yes ☐ No ☐

If you checked **Yes**, please visit <http://its.lafayette.edu/projectmanagement/submitproject/> to also fill out the **ITS Project Intake** form. For more information about the process, please visit <http://its.lafayette.edu/projectmanagement/>.

Funding Source if known;

Department Funds ☐ Grant Funds ☐ Other ☐ FOAP _____/_____/_____/_____

Approval Signatures:	Name (please print)	Signature	Date
Department Head			
Division Head (Provost for Academic Requests)			

Submit completed form to Facilities Planning & Construction, 9 North Campus Lane
or email to condellv@lafayette.edu. Questions, please call 610-330-5374.

FACILITY PLANNING & CONSTRUCTION ONLY			
Approval Signatures:	Name (please print)	Signature	Date
Director, Facilities Planning & Construction	Mary Wilford-Hunt		
Director, Plant Operations	Bruce Ferretti		

Budget Estimate: \$ _____ **Comments:** _____

Please forward a copy of approved request form to Jill Snyder, Controller's Office 202 Markle Hall

Project Tracking # _____ (Assigned by Controller's Office)