SUNY COMMUNITY COLLEGE CAPITAL PROGRAM
Project Action Form
Use one form for each project-Attach additional sheets if needed

I. COLLEGE INFORMATION

  1. College: _____ **2. Date:** _____

  3. Form Preparer: _____

II. FACILITY INFORMATION

  1. Campus (if applicable): _____

  2. Building ID # per PSI: _____   **3. Building Name:** _____

  4. Facility Use: Check all that apply

    Academic   Administration   Central Services   Library   Student Life/Services

III. PROJECT INFORMATION

  1. ACTION: Request for State Appropriation

                 SUNY Project Approval - Specify Type: New Project   Revise Project: C_____

  2. PROJECT TITLE: _____

  3. Project Description: Provide a ROBUST description (a minimum of 150-200 words is recommended)

  4. Project Justification:

4. Project Classification: Check all that apply
__ Health/Safety   __ ADA/Other Compliance   __ Energy   __ New Program/Program Improvement

5. Project Scope: Provide % for each component included in the above project:
New/Addition: %   Property Acquisition: %   Rehabilitation: %
Critical Maintenance: %   Infrastructure: %   Site Improvement: %   Demolition: %

IV. FINANCE AND SCHEDULE INFORMATION

1. Sources of Funds: Identify the sources of funds which must match total local costs

Source of Funds	Amount Provided	Supporting Document Type (i.e. resolution, proof of availability of funds, award letter)	Attachment ID
	$		
	$		
	$		
	$		
Total Sources of Funds (auto calculated)	$		

2. Project Components and Schedule: Date format (mm/dd/yy), Attach a separate Excel spreadsheet if needed
- Use rows to indicate different project phases/components within a larger project with different schedules
- Also use rows if multiple sources of funds are being directed to specific components

Components:	Useful Life	Design		Construction		Equipment	Beneficial Occupancy Date	Total Cost (auto calculated)
		Start Date	Budget	Start Date	Budget	Budget		
			$		$	$		$
			$		$	$		$
			$		$	$		$
			$		$	$		$
TOTALS (auto calculated)			$		$	$		$
						50% State Share (auto calculated):		$

V. ATTACHMENTS: Label all attachments
- Ensure you have included those linked to Section IV.1 (ex. Sponsor resolutions, Foundation letters, grant award letters) and provide a quick descriptor
- Include resolutions from all Sponsors even if not providing direct funding

Attachment ID	Description of Attachment
A	
B	
C	
D	
E	
F	
G	
H	

_____

SUNY USE: Project Approval Date: _____   Appropriation: _____

Project #: _____   Project Title Short Form: _____ *rev 5/2016*