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| **Basic Information** |
| Project title | *Please use the basic format Location/Function Action (Examples: Healthcare Design and Renovation; Fine Arts Building Construction; etc.).* |
| Institution’s Project Priority: | x of y projects*(for example, 1 of 2 projects)* |
|  |
| **Project Narrative for State Capital Budget System** |
| **Project Summary** (500 **characters** max.): | *Summarize the major highlights of the project’s scope and rationale. 500 characters (not words) maximum.* |
| **Project Description** (300 words max.): | *Briefly describe the scope of work and the programs supported by this project. 300 words maximum.* |
| **Project Rationale** (500 words max.): | *Briefly describe the rationale and justification of need for this project. 500 words maximum.* |
| **Project Timeline:** | *Briefly list estimated milestone dates (month, year) for the project, to include at a minimum:** *Designer selection*
* *Design completion (100% CDs)*
* *Bidding (if applicable)*
* *Start of construction*
* *Midpoint of construction*
* *Substantial completion*
* *Occupancy date(s) (if different from substantial completion date)*
 |
| **Other Considerations** (200 words max.): | *If this project’s funding is delayed or not obtained, how will your campus, its students, and its programs be affected? 200 words maximum.* |
| **Impact on Operating Budget** (200 words max.): | *Briefly describe the ongoing operational costs for the project area and compare those costs with current levels of funding for operations, maintenance, and staffing. Describe any special operating costs, such as for specialized equipment, associated with the project. 200 words maximum.* |

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| **Campus Project Manager** |
|  Name, TitleStreet AddressCity, State ZIPPhone #Email  |

*Please complete the attached Private Use Questionnaire.*

*If your project will have any private use,* ***within the predesign*** *please indicate the extent and type of private use anticipated.*

**2024 Capital Budget Request**

**Private Use Questionnaire**

**Note: This completed form must be included as part of your submittal documents for the 2024 capital budget request.**

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| --- | --- | --- |
| **Question** | **Yes** | **No** |
| **Will a portion of this project facility be leased to anyone?** |  |  |
| **Will Private parties manage or operate any of the following in the facility?**  |  |  |
| Gift shop/Bookstore  |  |  |
| Cafeteria, restaurant or other food service  |  |  |
| Concession stands  |  |  |
| Coffee cart or other retail kiosks  |  |  |
| Parking  |  |  |
| Arena, auditorium or theater  |  |  |
| Any other portion of the facility?  |  |  |
| **Will there be any arrangements with private parties for:** |  |  |
| Use of extra facility space |  |  |
| Use of portions of facility during off hours (including meeting/banquet rooms, auditoriums/theaters)  |  |  |
| Cell phone towers |  |  |
| Solar or wind power equipment |  |  |
|  Naming rights |  |  |
| Research |  |  |
| **Will a portion of the project be used for research pursuant to a cooperative research agreement?** |  |  |
| **Will anyone other than the requestor have a priority right to output from the project (e.g., dams, turbines, power generation)?** |  |  |
| **Will private parties perform any services for third parties at the facility (e.g., child care center, health and wellness center)?** |  |  |
| **Will any private parties have priority rights to the use of the facility or control over any of its policies or procedures (including prices and details of operation)?** |  |  |

*For any items marked “Yes” please explain* ***within the predesign (Section 5)*** *the proposed user, term and anticipated scope of use or service being provided.*