

**EDUCATIONAL and GENERAL CAPITAL
REQUEST FORM Fiscal Year 2019/2020**

Priority # _____

Department Requesting Work: _____

Scope of Work: Attach supplemental information if necessary.

Justification of Need: (new or expanding "program" requirements, etc.):

Background Data:

a. Was a "Project Request" or "Space Request" form previously completed?
Yes or No (Check One)

b. Building Name: _____
Building Number: _____
Room Number: _____

Space Classification (Select one from the drop down menu):

Existing Use: _____

Proposed Use: _____

c. Existing Space Net Assignable Square Feet (S.F.): _____ NASF

d. Proposed Space net Assignable S.F. after remodeling: _____ NASF

Desired project Completion Date: _____

Available Funding (Amount & Source): _____

PLEASE PRINT AND SIGN BELOW

Chair/Director **Print and Sign**

Date:

Dean, or Asst/Assoc Vice President **Print and Sign**

Date:

Vice President **Print and Sign**

Date:

FACILITIES OFFICE USE ONLY:

Maint. Req.: _____

Minor Proj. Req: _____

Major Capital: _____