**Capital Projects and Space Allocation Committee (CaPS)**

**Application Form #1**

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| --- | --- | --- |
| [ ]  Construction and Renovations\*  | [ ]  Infrastructure Project | [ ]  Cosmetic Improvements |
| [ ]  Revision to an Existing Project  | [ ]  Sustainability | [ ]  Signage or Banners |
| [ ]  Change of Use (irrespective of cost) |  |  |

\*A Project Planning Report (PPR) is required to accompany the CaPS application (please see web site for sample report).

Projects submitted to CaPS must include a standard Total Project Cost [TPC] Report, prepared by Project Management or Facilities and Services

|  |  |
| --- | --- |
| **A** | **PROJECT NAME:** |
| **B** | **PROJECT INFORMATION** (to be completed by the primary contact person for the academic or administrative unit involved.) |
|  | Building Name and Address: | Room Number(s):  |
|  | Primary Contact Person: | Phone #: |
|  | Funding Sources: | Amount: | CFC/Fund: | CC/:IO: |
|  | Division | $ |  |  |
|  | Graduate Expansion Fund | $ |  |  |
|  | CFI/ORF Research | $ |  |  |
|  | Other: | $ |  |  |
|  | Purpose of this Project:  |
|  | Scope of Work including change of use (if any):  |
|  | Is the space identified in the proposed project currently part of the Division's allocation?[ ] Yes [ ] No -> if not, please explain:  |
|  | Will the space continue to be used for its current purpose? [ ] Yes [ ] No |
| **C** | **TOTAL PROJECT COST ESTIMATE / OPERATING COSTS** |
|  | TOTAL PROJECT COST (TPC) $ | Project Number:  | Requested Completion Date: |
|  | Will the project result in increased operating costs for the Division? [ ]  Yes [ ]  No If yes, $ / sq. m |
| **D** | **FINAL AUTHORIZATION & SUBMISSION** (to be signed by Principal, Dean, Chief Librarian, Vice-President, designate) |
|  | I have reviewed the above request and have confirmed that the proposal is consistent with divisional and/or departmental plans. I acknowledge that any project tendered at a cost exceeding the above estimate will not proceed unless the party involved and/or my division agree(s) to meet the costs in excess of that sum. |
|  | Print Name:  |  | Title:  |
|  |  |  |  |
|  | (signature) | (date) |
|  | [ ]  Approval Authority, or [ ]  Designate |
|  |  |
| **E** | **CaPS APPROVAL**  | CaPS#: |  | Approval Date: |  |