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

**Application Form #1**

|  |  |  |
| --- | --- | --- |
| 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 | | $ | | |  | | | |  | |
|  | 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: | | |  |