

MASTER PLAN COMMITTEE REVIEW — CAPITAL CONSTRUCTION *(Form filled out by FM unless otherwise noted)*

PROJECT NAME:

PROJECT NUMBER:

SUBMITTAL DATE:

REQUESTOR NAME:

TYPE OF REQUEST

Check one: New Building Building Addition Building Renovation Site Improvement

DESCRIBE PROJECT/PROGRAM NEED: *Filled out by requestor*

CAMPUS LOCATION: Attach a site plan with proposed location(s)

PARKING IMPACTS: Please describe how this project affects existing parking and ADA parking (if existing) and the anticipated additional demand for parking:

DESCRIBE HOW THIS PROPOSAL MEETS BOTH UNIVERSITY AND UNIT GOALS: Examples include, but are not limited to: University mission, university strategic initiatives, cross-college collaboration, core facilities, shared research instrumentation, research compliance, enrollment growth, lack of facilities, etc.
Filled out by requestor

SPACE NEEDS: Describe new hires, new programs, additional class sections, moves from existing buildings, backfill of vacated space *Filled out by requestor*

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TYPE OF SPACE DESIRED: Administrative
General Assignment Classrooms
Check all that apply Teaching Labs
Research Labs
Office

CONCEPTUAL GSF RANGE:

CONCEPTUAL BUDGET RANGE:

ANTICIPATED FUNDING: *Filled out by requestor-discuss general timing and anticipated source(s) of funding, such as state, donor, UFFAB, Central, College, Auxiliary, etc.*

RETURN FORM TO: [Capital Development Approval Manager, 491-0167](#)

MASTER PLAN COMMITTEE 95% Program Plan Review

Date of MPC Review: _____

Recommended OR Recommended with Conditions. List

See meeting minutes for full description.

Chairperson of Master Plan Committee Signature

SPACE COMMITTEE 95% Program Plan Review

Date of Space Committee Review: _____

Recommended OR Recommended with Conditions. List

See meeting minutes for full description.

Chairperson of Space Committee Signature

FINAL PLAN OF FINANCING REVIEW

Description of plan: _____

VPUO Signature

Date