

# SUNY COLLEGE AT OLD WESTBURY CAPITAL PROJECT REQUEST FORM

Please note that Capital Requests are to be completed by a requester for review and approval by his or her department Dean, Director or Chair who is to review and approve with their overseeing Vice President or the Provost. The Dean, Director or Chair is to submit a copy to Capital Planning when submitting to Vice President or Provost. Capital Planning will meet with the Requestor, Dean, Director or Chair and or Vice President and Provost to assist in shaping and validating the request. Capital Planning will review scope, feasibility, and infrastructure with Facilities and budget with Senior Vice President, Business & Finance. If all approve the project or purchase it will be included in priority order as a candidate for Capital (State University Construction Fund) Project spending for which the President's office has final approval. For clarification please contact the Capital Planning Office.

**New Project**  **Existing Project**

### PART I– General Information

<b>Project name</b>	_____
<b>Project location, room #</b>	_____
<b>Requestor</b>	_____
<b>Project manager (for dept. sched. needs)</b>	_____
<b>Department</b>	_____
<b>Version No. (i.e., 1.0)</b>	1.0
<b>Expected complete date</b>	_____
<b>Pricing Obtained</b>	(if none leave blank)
	_____
	_____
	_____

### PART II

**Project Justification (why is it needed?):**

**Project Description (what is needed to be done, what's involved?):**

**PART III – Approvals**

Requestor	_____	_____	_____
	<i>(Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Dept. Director/Dean/Chair	_____	_____	_____
	<i>(Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Vice President	_____	_____	_____
	<i>(Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Provost Office	_____	_____	_____
	<i>(Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
President's Office	_____	_____	_____
	<i>(Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>

**Office of Capital Planning Use Only Below**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Project Tracking Number (For Review): \_\_\_\_\_

Project Account Number (Following All Approvals): \_\_\_\_\_

Scope of Work	FY ( _____ )		FY Beyond	Total
	Work / Items	Amount		
Information Technology Expenses				
Facilities Expenses				
Capital Expenses				
<b>Estimated Project Cost</b>				

Anticipated start date \_\_\_\_\_

Expected complete date \_\_\_\_\_