| **CAPITAL PROJECT REQUEST FORM** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INFORMATION TO BE COMPLETED BY REQUESTING ENTITY | | | | | | | | | |
| **1.** | **Project Location** | Where the project will take place. Identify campus, building(s), Floor(s), Room Number(s). | | | | | | | |
| **Campus** | **Building(s)** | | | | **Floor(s)** | | **Room #(s)** | |
| Select Campus | Identify building or buildings | | | | Identify floor(s) | | Identify room number(s) | |
| **2.** | **Customer Information** | Project sponsor and/or stakeholders who will be impacted by this project. | | | | | | | |
|  | Full name of University unit(s) making the request: | | | | | Identify school, college, department, institute, or academy. | | | |
|  | **Contacts** | **Name** | | | | **e-mail address** | | **Phone Number** | |
|  | Requested by[[1]](#endnote-1) | Primary Customer Contact Name | | | | e-mail address | | Phone Number(s) | |
|  | Decision-maker[[2]](#endnote-2) | The person within Customer organization that has decision-making authority regarding scope, schedule, and budget for this project. | | | | e-mail address | | Phone Number(s) | |
|  | Emergency[[3]](#endnote-3) | *Person within Customer organization to notify in the event of an emergency.* | | | | e-mail address | | *Phone Number(s)* | |
| **3.** | **Project Scope** | **Project scope defines the boundaries of a project. Think of the scope as an imaginary box that will enclose all the project elements. It not only defines the work that you want performed (what goes into the box), but also sets limits for what will not be done as part of the project (what is NOT in the box). Scope identifies what will be done, what will not be done, and what the results will look like.** | | | | | | | |
|  | Type of project. Check all applicable boxes. 🡺 | Administrative Office(s) | | | | Food Service | | Laboratory (wet) | |
|  | Clinical Office(s) | | | | Housing | | Student Space(s)[[4]](#endnote-4) | |
|  | Faculty Office(s) | | | | Laboratory (dry) | | Student Support Space[[5]](#endnote-5) | |
|  | Other describe other space type here | | | | | | | |
|  | Scope Narrative[[6]](#endnote-6) | Identify the intended physical features and/or modifications to the space(s) comprising the project. Include specific expectations and requirements for the completed project as applicable to the project types above. | | | | | | | |
|  | Special Accreditation Requirements[[7]](#endnote-7) | Identify any certifications, inspections, or licensing required based on the intended use(s). | | | | | | | |
|  | Space Requirements[[8]](#endnote-8) | Provide specific space requirements, such as a specific amount of assigned square-footage committed by contract to a particular occupant. List all such contractual and non-contractual space commitments you expect to be implemented in the space plan. | | | | | | | |
|  | Project Documentation (Already available). | Business Plan/Statement | | | | Renderings/Photos | | Space Programs | |
|  | Diagrams/Sketches | | | | Space Plans | | Other describe | |
| **4.** | **Schedule** | **A project’s schedule includes not just the time it takes to modify space or construct a building. There is typically a period for planning and design, followed by approvals from local agencies and USC Senior Administration. Even after construction is complete, FPM continues to work on completing all project documentation and closing out all financial obligations.** | | | | | | | |
|  | Completion Date | Click or tap to enter a date. | | | | Date by which you expect to occupy the completed space(s). | | | |
|  | Schedule Factors[[9]](#endnote-9) | Describe the factors that necessitate the above completion date and the potential impacts of failing to occupy by the expected date. | | | | | | | |
|  | Other Dates[[10]](#endnote-10) | Identify any deadlines or due dates required by start dates for new hires, donors, grants, and/or entities outside USC. | | | | | | | |
|  | Phased Implementation[[11]](#endnote-11) | Describe any phased implementation of the project. For example, will parts of the project be occupied incrementally or all at once? | | | | | | | |
|  | Special Considerations[[12]](#endnote-12) | Identify any restrictions in the work hours (e.g., can only work between certain hours to avoid disruption to ongoing academic, research, or administrative activities), special events that will prevent work, etc. that need to be addressed/included. | | | | | | | |
| **5.** | **Budget and Funding** | **A legitimate funding source is required for FPM to undertake any work, including preliminary investigations, and hiring design consultants. Transparency about your project budget expectation is key to FPM providing the appropriate services and completing the work in an expeditious manner.** | | | | | | | |
|  | Total Project Cost | Enter dollar amount. | | | | TOTAL PROJECT COST = Cost for EVERYTHING related to the project, including construction, furniture, equipment, signage, moving expenses, and consultant fees. You will be committing this amount via an Internal Requisition to FPM. | | | |
|  | Managed by Customer[[13]](#endnote-13) | List all work you propose to manage and pay for directly (an example would be packing/moving/storage costs). | | | | | | | |
|  | **Funding Sources** | | | | | | | | |
|  | *Check all that apply* | | | **Description** | | | **Account Number** | | **Amount(s), Date(s)** |
|  | Operational Funds | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Donor(s) | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Grant Approved[[14]](#endnote-14) | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Grant Pending[[15]](#endnote-15) | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Provost Reserve | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Asset Renewal | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Facilities Infrastructure Fund (FIF) | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Debt | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Corporate Funding | | | Describe | | | Account Number | | Amount(s) and Date(s) |
|  | Other | | | Describe | | | Account Number | | Amount(s) and Date(s) |
| **6.** | **Customer Value Assessment**  ***(select only one)*** | | **Provide the Customer Value Assessment based on the definitions below. Describe or attach a separate document to explain specifically how the project meets the definition of the Customer Value selected below.** | | | | | | |
|  | \*NOTE: “Confirmed” is defined to mean program/research/business plan has been discussed/approved, as appropriate, by Provost (for academic programs) or by appropriate Senior Vice President (as may be delegated) for administrative and athletic programs. | | | | | | | | |
|  | Urgent | Project required on a timeline that cannot be deferred, such as a funded grant deadline or schedule commitment to donor in an executed donor agreement, or in order to recruit a faculty member who has already accepted an offer, or a confirmed\* business case based on immediate opportunity, and for which no mitigation measures exist. | | | | | | | |
|  | Supporting information/description of project value. | | | | | | | | |
|  | Essential | Project required for execution of confirmed program and/or research commitment with grant funding or confirmed\* business case based on an opportunity with an extended timeline, and considered critical to the ongoing successful operation or accreditation of the program, research, and/or business plan. | | | | | | | |
|  | Supporting information/description of project value. | | | | | | | | |
|  | Important | Project required to enhance or expand existing program or research space, including existing program consolidation or growth. | | | | | | | |
|  | Supporting information/description of project value. | | | | | | | | |
|  | Discretionary | Project that can be deferred, possibly creating inconvenience, but with possible mitigation measures and/or deferral not seriously detrimental to confirmed\* program, research, and/or business plan. | | | | | | | |
|  | Supporting information/description of project value. | | | | | | | | |
| **7.** | **Attachment(s)**  **to Project Request Form** | Thank you for completing the Project Request Form. Please remember to include any documents requested above. Documents in electronic format (PDF, MS Word or Excel) are preferred, but if you have large format prints, we can arrange to have them picked up from your location. | | | | | | | |
|  | **File Name** | **File Type** | | | **Description** | | | | |
|  | File Name | File Type | | | Description | | | | |
|  | File Name | File Type | | | Description | | | | |
|  | File Name | File Type | | | Description | | | | |
|  | File Name | File Type | | | | Description | |  | |
|  | | | | | | | | | |
|  | **REQUESTOR SIGNATURE** | **Must be signed by the requesting Department’s Director or Authorized Agent** | | | | | | | |
|  |  | | | | | | | Click or tap to enter a date. | |
|  | *Name,*  Title | | | | | | | Date | |
|  |  |  | | | |  | |  | |

**NEXT STEPS**

**Please upload this completed form along with any attachments using the “upload file” button that appears after you press “submit” on the initial request screen in FAMIS. You will receive an e-mail confirmation that your submission has been received. FPM staff will review this form for completeness and will notify you within five (5) business days if additional information is needed before we can process your Project Request. If the information is complete, you will receive a e-mail identifying the FPM manager assigned to your project.**

**Thank you for submitting your completed Project Request Form.**

**We look forward to working with you!**

1. Primary customer contact. [↑](#endnote-ref-1)
2. Person within Customer organization that has decision-making authority regarding scope, schedule, and budget for this project. [↑](#endnote-ref-2)
3. Person within Customer organization to notify in the event of an emergency. [↑](#endnote-ref-3)
4. Classroom, Auditorium, Teaching Lab. [↑](#endnote-ref-4)
5. Lounge, Study Area, Group Meeting Rooms, Lockers/Storage. [↑](#endnote-ref-5)
6. Identify the intended physical features and/or modifications to the space(s) comprising the project. Include specific expectations and requirements for the completed project as applicable to the project types above. [↑](#endnote-ref-6)
7. Identify any certifications, inspections, or licensing required based on the intended use(s). [↑](#endnote-ref-7)
8. Provide specific space requirements, such as a specific amount of assigned square-footage committed by contract to a particular occupant. List all such contractual and non-contractual space commitments you expect to be implemented in the space plan. [↑](#endnote-ref-8)
9. Describe the factors that necessitate the above completion date and the potential impacts of failing to occupy by the expected date. [↑](#endnote-ref-9)
10. Identify any deadlines or due dates required by start dates for new hires, donors, grants, and/or entities outside USC. [↑](#endnote-ref-10)
11. Describe any phased implementation of the project. For example, will parts of the project be occupied incrementally or all at once? [↑](#endnote-ref-11)
12. Identify any restrictions in the work hours (e.g., can only work between certain hours to avoid disruption to ongoing academic, research, or administrative activities), special events that will prevent work, etc. that need to be addressed/included. [↑](#endnote-ref-12)
13. List all work you propose to manage and pay for directly (an example would be packing/moving/storage costs). [↑](#endnote-ref-13)
14. Grant already approved – Provide copy of grant document(s) that indicate requirements, rules, restrictions on use of funds for design and /or construction costs, etc. [↑](#endnote-ref-14)
15. Grant – application in process or to be submitted. Provide copy of grant document(s) that indicate requirements, rules, restrictions on use of funds for design and/or construction costs, etc. [↑](#endnote-ref-15)