Laboratory/Program-Funded Remodeling Project Proposal Form

Laboratory/Program Name: ______________ Laboratory/Program Project Lead: __________________________

Proposed Project Location (Building, Room Numbers, Locale) ____________________________________________

Proposed Project Begin Date ____________________        Proposed Project End Date_________________________

Contact Marion Hammond, Manager, Space Planning and Projects Office for consultation and assistance, ext. 8899, mhammon@ucar.edu.

1. Describe the primary purpose for the project and the scientific/support/business needs addressed by the project in the context of the laboratory’s/program’s strategic plan. (attach 1-2 paragraphs)

2. As applicable, provide information on the following topics:
   A. Square Footage description – space and purpose pre/post project:
      ______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   B. Sustainability requirements: _______________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   C. IT requirements: _______________________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   D. Change in or additional traffic flow: _________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   E. Safety requirements: _______________________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   F. Access to space: _________________________________________________________________________
      ______________________________________________________________
      ______________________________________________________________
   G. Description of Construction required: ( attach 1-2 paragraphs)
3. Budget estimate for applicable expenses:

Architectural or Engineering Design Services ________________________
Construction Labor/Contract Services ________________________
Materials and Supplies ________________________
Equipment ________________________
Total Budget Estimate ________________________
Contingency (10% minimum) ________________________

Source of Budget Estimate ________________________

4. Funding (Refer to Funding options by Property Type Table (link):
   A. Identify Fund Source ____________________________________________
   B. Is the project a capital construction project (typically ≥$25K, see funder terms for details)? ____________
   C. Will the proposed project be direct expensed or bond funded? ___________________________________________
   D. Agency and Contract/grant number (if applicable): ______________________________________________
      _____________________________________________________________________________________________
   E. Proposed UCAR Account number (if applicable) ________________________________________________

Laboratory/Program Administrator Name _____________________________________________________________

Laboratory/Program Director Name _________________________________________________________________

Laboratory/Program Director Signature _____________________________________________________________ Date

After review and recommendation by Feasibility Review Committee and review by appropriate President’s Council Member:

President’s Council Member Signature _____________________________________________________________ Date