

**Central Connecticut State University  
CAPITAL PROJECTS AND SPACE PLANNING REQUEST FORM**

Project Title: \_\_\_\_\_

Department: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Estimated Amount Requested: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Scope:            New Construction            Addition            Renovation            Equipment

Space Move:    From: \_\_\_\_\_ To: \_\_\_\_\_

Site/Location of Project: \_\_\_\_\_ Dept. Head/Dean Ranking: \_\_\_\_\_

Brief explanation of project or space move request (attach any supporting documentation):

Is temporary (swing) space required during this project?            Yes            No

If yes, identify the proposed location and anticipated move-in date:

VP/Chief Officer Ranking: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Vice President/Chief Officer)*

Comments (Facilities Management):

Estimated Amount Requested: \_\_\_\_\_ Capital Projects Category: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Director of Facilities or Designee)*

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Chief Operations Officer)*

Ranking: \_\_\_\_\_