**Capital Projects and Space Allocation Committee (CaPS)**

**Application Form**

[ ] Construction and Renovations\* [ ] Cosmetic Improvements

[ ] Revision to an Existing Project [ ] Infrastructure Project

[ ] Change of Use (irrespective of cost) [ ] Signage or Banners

[ ]  Space Licence (see Section C) [ ] Sustainability

\*A Project Planning Report (PPR) is required to accompany the CaPS application (please see web site for sample report).

Projects submitted to CaPS must include a standard Total Project Cost [TPC] Report, prepared by Capital Projects or Facilities and Services

|  |  |
| --- | --- |
| **A** | **PROJECT INFORMATION** (to be completed by the primary contact person for the academic or administrative unit involved.) |
|  | Building Name and Address:       | Room Number(s):      |
|  | Primary Contact Person:      | Phone #:000-0000 |
|  | Funding Sources: Amount: CFC/Fund: CC/IO:

|  |  |  |  |
| --- | --- | --- | --- |
|  Division | $      |       |       |
|  CFI/ORF Research | $      |       |       |
|  Graduate Expansion Fund | $      |       |       |
|  Other:      | $      |       |       |

 |
|  | Purpose of this Project:     Scope of Work including change of use (if any).       |
|  | Is the space identified in the proposed project currently part of the Division's allocation?[ ] Yes [ ] No -> if not, please explain:     Will the space continue to be used for its current purpose? [ ] Yes [ ] No |
| **B** | **TOTAL PROJECT COST ESTIMATE / OPERATING COSTS** |
|  | TOTAL PROJECT COST (TPC) $      | Project Number:       | Requested Completion Date:dd/mm/yy |
|  | Will the project result in increased operating costs for the Division? [ ] Yes [ ] No –  If yes, $      / sq.m.  |
| **C** | **INFORMATION FOR SPACE LICENCE AGREEMENT**  [ ] University Space [ ] External Space |
|  | Building address:       Room Numbers:     Area to be leased:      Annual operating cost: $     Annual rental cost:$      Payee of operating costs:      Rental period From: dd/mm/yy To: dd/mm/yy  |
| **D** | **FINAL AUTHORIZATION & SUBMISSION** (to be signed by Principal, Dean, Chief Librarian, Vice-President, or designate) |
|  | I have reviewed the above request and have confirmed that the proposal is consistent with divisional and/or departmental plans. I acknowledge that any project tendered at a cost exceeding the above pre-design estimate will not proceed unless the party involved and/or my division agree(s) to meet the costs in excess of that sum:Print Name:      Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:       Date:  dd/mm/yy [ ]  Approval Authority, or [ ]  Designate  |
| **E**  | **CaPS APPROVAL**  CaPS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |