**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

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| --- | --- | --- | --- | --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |