**USF Financed Capital Project Request Form**

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| USF Financed Capital Project Profile No. | **2016-0000** |

This form must be completed for all USF financed capital projects which, based on the submitted USF Financed Capital Project Profile, which have been identified for further consideration.

**Part I** To be completed by the **Project User Group Representative**

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| **Project Name:** |  |
| **Project User Group Representative:** |  |
| **Planning Context:** |  |
| 1. Is the project part of an **administrative unit** or **academic unit** program plan? If so, when was the plan prepared, and who beyond the Department Head or Dean approved the plan. Identify principle planning objectives and how the project meets those objectives. |  |
| **Project Scope:** | The **project scope** will include: |
| 1. Proposed **site** on campus and reason for selecting specific site location. |  |
| 1. Is this **new construction** or **renovation** of existing space? |  |
| 1. If this is **new construction**, is **demolition** of any existing facilities required? If so, has a location for current occupants of the facilities been identified? |  |
| 1. Are there parts of the building that would be used by other departments or **open for use by the public** evenings and weekends, for example auditorium or classrooms? |  |
| 1. Please describe **other project solution**(s) considered and evaluated during the planning process prior to determining this project solution was the most appropriate and/or viable option. Please also include the reason(s) for not pursuing the alternative project solutions(s), any complications and/or problematic aspects inherent in the alternative solution(s) considered, and/or previous and unsuccessful examples of implemented alternative solutions. |  |
| 1. Please describe **health, safety, and environmental protection** items addressed through project scope and include description of anticipated work (i.e., security, emergency generator, and hurricane hardening). |  |
| 1. List any project **risks** identified (financial, public perception, environmental, etc.). |  |
| 1. Please describe the **impact** of not going ahead with this project. |  |
| **Project Schedule** |  |
| 1. Identify when the project will need to be **completed** (occupancy). |  |
| 1. Furnish a list of **ongoing or completed plan studies** related to the proposed project. Identify the purpose of the investigations, when each study was or will be completed, and the person or group who conducted the examination. |  |
| 1. Describe **contingency plans** to meet program requirements if the proposed facility is not available by the desired timeframe. |  |
| **Maintenance & Operating Costs:** | For general formulas, based on building type, for calculating these costs contact **Sheila Holbrook**, **813-974-3215**, **sholbroo@usf.edu**. If another method is used to calculate these costs, please identify method used. |
| 1. What are the projected **annual maintenance and operations costs** for the building: | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Custodial** | **Maintenance** | **Grounds** | **Safety & Security** | **Total** | | **$** | **$** | **$** | **$** | **$** | |
| 1. Who will be **responsible** for these costs? |  |
| 1. What are the **anticipated energy costs** for the building? |  |
| 1. Who will be **responsible** for these costs? |  |

**Part II** To be completed in consultation with **Information Technologies**.

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| **Contact:** | | If a different source is utilized, please identify source and Please contact: | | |
| 1. **Tampa** Campus: | | **Ted Netterfield** **813-974-1793 ted@usf.edu** for Communications/Network Infrastructure | | |
| 1. **St. Petersburg** Campus: | | **John Dickson 813-873-4350 jdickson@usfsp.edu** | | |
| 1. **Sarasota-Manatee** Campus: | | **Rick Lyttle 813-359-4294 rlyttle@sar.usf.edu** | | |
| **Technology Costs:** | | |  | |
| 1. What are the technology costs for the building: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Audio, Visual & Digital Media** | **Instructional Technology** | **Network Connections & Data Center** | **Wireless connections, high density access** | **Other** | **Total** | | **$** | **$** | **$** | **$** | **$** | **$** | | | | |
| 1. What is the cost to bring adequate service to the facility? | | | |  |
| 1. Who will be responsible for these costs? | | | |  |

**Part III –** To be completed in consultation with **Facilities Management**.

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| **Please contact:** |  | |
| 1. **Tampa** Campus: | **Barbara Donerly 813-974-3103** **bdonerly@sar.usf.edu** | |
| 1. **St. Petersburg** Campus: | **John Dickson** **813-873-4350 jdickson@usfsp.edu** | |
| 1. **Sarasota-Manatee** Campus: | **Rick Lyttle** **813-359-4294 rlyttle@sar.usf.edu** | |
| **Campus Master Plan Implications:** | Impact to vehicular circulation, transit system, non-motorized circulation, parking, recreation open spaces, conservation, etc. | |
| 1. Is this project included in the **Master Plan**? |  | |
| 1. Will an **amendment** to the Master Plan be required? |  | |
| 1. Campus **Infrastructure** Implications | general infrastructure and utilities. | |
| **Stormwater:** |  | |
| **Chilled/Hot Water:** |  | |
| **Electrical:** |  | |
| **Portable Water:** |  | |
| **Sanitary:** |  | |
|  |  | |
| **D. Parking & Transportation** | Describe parking needs, displacement and/or load impact; describe impact on pedestrain pathways & public transit system | |
| **E. Recreation & Conservation** | Describe impact on open spaces (recreation and/or conservation areas) | |
| **Project Budget:** | If you have had a feasibility study or have a consultant report that includes a project budget please provide this information to Facilities prior to your consultation with them. | |
| 1. If the proposed project is a **renovation** of existing space that changes space (quality or type), please describe the spaces impacted and functional changes, if any, to the space. Are any other entities displaced? | |  |
| 1. If the proposed project includes construction of **new space**, please provide net and gross square footage of new construction and room type composition. Please include size of space and occupant design criteria (number of occupants and net square feet per occupant). | |  |
| 1. Are **swing space** requirements generated? | |  |
| **Construction budget:** | | Attach budget summary prepared by Facilities Representative: |
| 1. Total project budget (excluding Technology costs): | |  |

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| **Signatures** |  |
| Project User Group Representative: |  |
| Regional Vice Chancellor/Vice President or Designee: |  |
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