

**Project Title:**

**Date Project Evaluation Request Submitted:**

**Project ID:**

**Project Owner Name:**

**Project Owner Email:**

**Project Owner Phone:**

**Project Owner College/Business Unit:**

**Original Scope**

**Scope Amendment**

Scope of work project documents and/or amended scope of work documents/justification attached.

**Project Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> Life Safety/Accessibility          | <input type="checkbox"/> Instructional Space Facility Upgrade |
| <input type="checkbox"/> Lab Modification (Tech only)       | <input type="checkbox"/> Space Planning                       |
| <input type="checkbox"/> Furniture Purchase Only            | <input type="checkbox"/> Renovation/Construction              |
| <input type="checkbox"/> Space Increase/Reloc/Change of Use | <input type="checkbox"/> Lease                                |
| <input type="checkbox"/> Study or Long Term Plan            |   |

**Project Background and Summary:**

*Describe the basis for the project. Provide a summary of what the project will accomplish. Explain the projects connection to campus master plan, strategic plan and/or campus mission.*

**Programmatic Project Driver:**

- Life Safety or Accessibility
- Student Success, enrollment & retention
- Revenue based initiative
- Campus strategic plan
- Unit needs (accreditation, expansion)
- Academic program needs
- Facilities utilization
- Compliance issue

**Goals and Objectives:**

*List project goals and objectives. They must be specific, measurable, achievable, and relevant to the campus master plan, strategic plan and/or campus mission. Include timeline.*

**Assumptions:**

*Describe assumptions associated with the project that may include specific resources, or funding. List elements or tasks that are outside of the project scope.*

**Constraints and Challenges:**

*Describe constraints on the project including budget limits, time constraints, and regulatory impacts. Identify challenges that might prevent successful attainment of project goals.*

**Project Budget:**

<b>Estimated Project Budget</b>	
<b>Fees and Contingency</b>	
<b>Total Project Budget</b>	
<b>Approved Scope Amendment Cost</b>	
<b>Revised Total Project Budget</b>	

**Project Funding:**

<b>Project Funding Source Code(s)</b>	<b>Percentage of Project Budget</b>

**Project Milestones and Timeline:**

*Provide project duration estimates and target completion dates. Include any factors driving the timeline.*

<b>Target Project Start Date:</b>	
<b>Substantial Completion/Target Occupancy Date:</b>	

**Key Stakeholders and Their Roles:**

*Identify all project participants and their scope of authority.*

<b>Customer/User Group Representative</b>	<b>Authority</b>	<b>Contact Information</b>
<b>Project Owner</b>	<b>Title</b>	<b>Contact Information</b>
<b>Project Sponsor</b>	<b>Title</b>	<b>Contact Information</b>
<b>Campus Facilities Planning Project Team</b>	<b>Role</b>	<b>Contact Information</b>

**Project Charter Approval:**

*All participants shall sign and date the charter, signaling their agreement to the defined parameters and process.*

**MM/DD/YYYY**

User Group Lead Representative: \_\_\_\_\_

Project Owner: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Budget Office: \_\_\_\_\_

Vice Chancellor Administrative Affairs: \_\_\_\_\_

Chancellor: \_\_\_\_\_

Returned signed form to Campus Facilities Planning, General Services Building for processing.

**Administrative-to be filled in by Campus Facilities Planning staff only**

TMA Project Number: \_\_\_\_\_

Charter completed by \_\_\_\_\_ Date: \_\_\_\_\_

Date distributed for approval signatures: \_\_\_\_\_

Date received back with signature approvals: \_\_\_\_\_

Date signed copy distributed to all signers: \_\_\_\_\_

Project Type:

State managed project                       Campus managed project

Small project

All Agency project

Capital project request (requires enumeration)