CAPITAL PROJECTS AND SPACE ALLOCATION COMMITTEE (CAPS)
APPLICATION FORM

- ☐ Construction and Renovations*
- ☐ Revision to an Existing Project
- ☐ Change of Use (irrespective of cost)
- ☐ Space Licence (see Section C)
- ☐ Cosmetic Improvements
- ☐ Infrastructure Project
- ☐ Signage or Banners
- ☐ 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 _____