**Directions (effective 7-1-15):**

1. All UAMS requests for capital projects costing over $5,000 are required to be initiated using this form.
2. Requestors need to have the completed form approved by their Divisional Vice Chancellor, Dean, Director and/or Divisional Budget Administrator before forwarding to Bill Waldron in the UAMS Budget Office.
3. Once the completed form is received in the Budget Office a project number will be assigned and the request forwarded to Campus Operations with copies back to the requestor and the division budget administrator.
4. Campus Operations will get back to you within seven (7) business days to discuss your request. If you don’t hear back within this timeframe, please call Dana Trickey at 526-7942.

**Divisional Approval (Dean, Vice Chancellor, Director or Divisional Budget Administrator)**

Tracking #:

\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be typed or signed)

|  |  |  |
| --- | --- | --- |
| PROJECT LOCATION & BUILDING: |  |  |
|  |  |  |
| FLOOR: |  | ROOM: |
|  |  |  |
| DATE REQUESTED: |  | DIVISION: |
|  |  |  |
| REQUESTOR: |  | PHONE: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Project Type:** |  | **Project Purpose (cont.):** |
| \_\_\_\_\_ New Construction |  | \_\_\_\_\_ Improve Patient Experience |
| \_\_\_\_\_ Addition / Renovation |  | Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ Lease New / Reno / Move |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ Capital Equipment – New or Replace |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ Major Maintenance or Repair |  | \_\_\_\_\_ Regulatory / Code / Accreditation |
| \_\_\_\_\_ New Recruit |  | Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_ Other (Specify): |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  | **Project Funding:** |
| **Project Purpose (check all that apply):** |  | \_\_\_\_\_ Campus Improvement (next cycle) |
| \_\_\_\_\_ Safety Issue |  | \_\_\_\_\_ Gift – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ Grant – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| \_\_\_\_\_ Revenue generating (earned or saved) |  | **Project History:** |
| Source of Revenue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Has this project previously been submitted? |
| (Cash, Grant, State, Savings or Federal) |  | \_\_\_\_\_ No (skip to next section) |
| \_\_\_\_\_ Mission Driven |  | \_\_\_\_\_ Yes (complete if known) |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Project number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Year Previously Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Were Plans Prepared? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Project Occupancy:** |  | **Schedule:** |
| \_\_\_\_\_\_ In-Patient |  | Are there any time constraints: |
| \_\_\_\_\_\_ Out-Patient |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_ Are Patients Sedated? |  |  |
| \_\_\_\_\_\_ Business |  | What is the desired completion date: |
| \_\_\_\_\_\_ Research  \_\_\_\_\_\_ Education |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  |  |  |

**Description of work requested:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FY** |  |  |  |  |
| Additional FTE # |  |  |  |  |
| Additional Salary & Benefits |  |  |  |  |
| Maintenance / Operations |  |  |  |  |
| Supplies |  |  |  |  |
| Revenue (cash, grant, etc.) | ( ) | ( ) | ( ) | ( ) |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| **Total: expense / (revenue)** | $ | $ | $ | $ |

One-time costs not detailed above or included in the project costs:

|  |  |
| --- | --- |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |