

CAPITAL BUDGET PROJECT REQUEST FORM as of 3 Jan 20 (page 1 of 3)

Please provide the following information regarding your project request:

Name:	<u>Chris Sampite</u>	Date:	<u>1/30/2020 9:38 AM CST</u>
	<u>Director of Facilities</u>	Phone No:	<u>3184260587</u>
Title:	<u>Facilities</u>	Email Address:	<u>csampite@centenary.edu</u>
Department:			

SCOPE:

Building and Room No (s): Fitness Center Elevator

Briefly Describe Project: overhaul elevator due to on-going problems.

Type of Project:
(check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Office Renovation | <input type="checkbox"/> Classroom | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Lab Renovation | <input type="checkbox"/> Residence Hall | <input type="checkbox"/> Building Repairs |
| <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> IT | <input type="checkbox"/> Deferred Maint. |
| <input checked="" type="checkbox"/> Other (please describe) | <u>Elevator</u> | |

SCHEDULING/COST:

Requested Completion Date: 08/31/2020 Est. Cost: 150000

AUTHORIZED SIGNATURES:

IT Related Approval: For IT purchases	<u>Scott Merritt</u> <small>DocuSigned by: Signature 85E31449...</small>	<u>2/11/2020</u> <small>DocuSigned by: Signature 85E31449...</small>	<u>Scott Merritt</u> <small>DocuSigned by: Signature 85E31449...</small>
Facilities Approval: Building renovations/modifications	<u>Chris Sampite</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>	<u>1/30/2020</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>	<u>Chris sampite</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>
Department Head:	<u>Chris Sampite</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>	<u>1/30/2020 9:40 AM CST</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>	<u>Chris Sampite</u> <small>DocuSigned by: Signature 68A9D9A648F...</small>
Vice President:	<u>Robert Blue</u> <small>DocuSigned by: Signature 61A672AC4B74403...</small>	<u>1/30/2020</u> <small>DocuSigned by: Signature 61A672AC4B74403...</small>	<u>Robert Blue</u> <small>DocuSigned by: Signature 61A672AC4B74403...</small>

(Forward to VPFA@centenary.edu)

Date of Cabinet Approval _____

F/O/A/P: _____ / _____ / _____ / _____

PROJECT REQUEST FORM (page 2 of 3)

Please provide the following additional information regarding your project

All new project requests must be approved by the Cabinet and be included in the FY 21 budget before work can begin.

To facilitate the project review process, the following questions in this two-page Appendix are now required to accompany all new Project Request Form (PRF) submissions. The Appendix is an opportunity for you to explain the significance and value of the project you wish to pursue for your Department. The questions listed below are questions that must be answered for each new PRF. Incomplete forms will not be included in the capital budget schedule.

If your answers are unable to fit in the space allotted below, please feel free to provide the information in a separate document attached with your PRF submission or in an email accompanying your submission.

Q1. What is the intended funding source of this project?

Capital Budget Funds Operating Budget Funds

Specify: Enhancement Funds

Q2. What is your overall estimated cost for this project? If this PRF is for a preliminary/feasibility study for a larger project, please include your best estimate of what the larger project will cost. Please do *not* answer this question with "TBD" or "unknown" or "request an estimate" or a similar type of response. \$: 150000

we will conduct a feasibility study on needed improvements to the Fitness Center elevator. Based on previous projects \$150,000.00 is a good estimate at this time.

Q3. What is the academic need or business need that this project will fulfill?

To allow access to the upper and lower floors in the Fitness Center. The largest complaint is coming from outside members using the facilities. It will surely improve the image of the Fitness Center.

we will continue to evaluate the current system and determine if it's critical during fy21.

IT Director's Comments:

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APPENDIX

Please provide the following additional information regarding your project

Q4. What are the current limitations of the existing space? (In other words, why is this project request necessary?)
To provide reliable and safe travel to basement and 2nd floor of the Fitness Center.

Q5. Why is it important that this project happen *this FY* (as opposed to happening in a future FY)?

For safe travel and resolve ongoing problems with elevator failures and safety issues. More study will be done this spring as an outside elevator consultant is to evaluate our needs.

Q6. Does this project request support a new initiative, new position, or new employee? If yes, please briefly describe and include the names and positions of the new hires/candidates if known at this time.

No

Q7. If this project request is not approved, what effect will this have on your operation?

Continues expense to make elevator repairs, safety hazards and bad image for Centenary.

Q8. Is this a one-time annual cost? YES NO If NO, will it require additional on-going annual funding and do you have those funds and VP support for those annual costs? YES NO