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| **Project Information** | | | | | | | | | | | | | | |
| **Project Name** | | |  | | | | | | | | | | | | |
| **School / Center** | | | Choose an item. | | | | **CNAC** | | Choose an item. | | **Project Manager** | | |  | |
| **Project Number** | | |  | | | | **ORG** | |  | | **Director** | | | Choose an item. | |
| **Program Number** | | |  | | | | **CREF** | |  | | **Area Manager** | | | Choose an item. | |
| The Capital Needs Statement informs the Provost, EVP, and VP or Dean of capital projects that are either planned or ready to move to the next phase. The signatures required and received do not denote approval to start the project, rather recognition of the School or Center’s need. The project will be initiated through FRES and is subject to the capital approval process. | | | | | | | | | | | | | | | |
| **Project Description and Justification** (use additional pages if necessary) | | | | | | | | | | | | | | | |
| 1. **Project Need and Scope:** Provide a general description of work to occur in each room or area. Include the square footage for each space involved. Use quantifiable information as available. Attach all relevant studies, reports and analyses.    1. Describe the facilities-related project your School/Center has identified and how completing this project will further the goals of your School/Center and the affected program(s).    2. Include existing conditions and uses, and if this project will affect current space.    3. Describe any current known existing building problems in the project area that might impact and need correction during the proposed project.    4. Describe the impact that this project will cause on surrounding spaces that will require unusual or additional construction practices, such as off-hour work, limited loud work hours, etc. | | | | | | | | | | | | | | | |
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| 1. **Proposed project timeline:** Include anticipated start, completion, and occupancy dates. | | | | | | | | | | | | | | | |
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| **Estimates and Funding Plan** (use additional pages if necessary) | | | | | | | | | | | | | | | |
| 1. **What is your estimate of the cost (in rough order of magnitude) of the project described above and what is the source of funds? Please provide full funding plan.** This amount must be included in your budget, and if $500,000 or greater, on your Capital Plan. | | | | | | | | | | | | | | | |
| 1) Cost of Current Scope of Work: (only complete for phases other than total project) | | | | | | | | | | | | $ | | | |
| 2) Estimate of Total Project: | | | | | | | | | | | | $ | | | |
| 3) Funding Plan Description: (include amounts by source and maximum anticipated loans) | | | | | | | | | | | |  | | | |
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| 1. **What is the total project estimate based on?** For example, provide industry standard comparison, previous or current studies, inflation, or other methods of estimating. | | | | | | | | | | | | | | | |
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| **f) Project costs may vary, particularly when based on preliminary projections, designs, and estimates. Please provide your anticipated project dollar range below. If you will limit scope to stay within the previously stated budget estimate, please indicate that the plan number is a not-to-exceed amount.** | | | | | | | | | | | | | | | |
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| **Name of Person Completing this Form** | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | **Date** | | | Click here to enter a date. | | |
| **Title** |  | | | | **Phone No** |  | | | | **E-mail** | | |  | | |
| **Signatures Required** | | | | | | | | | | | | | | | |
| If total project  is < $500K | | Please receive signatures from the Dean, Vice President, Vice Provost or Resource Center Director as appropriate. | | | | | | | | | | | | | |
| If total project is ≥$500K or  includes loan | | Please also receive signatures from the Provost or EVP as appropriate. . | | | | | | | | | | | | | |
| **Project Committee Members** Please assign Project Committee Members. | | | | | | | | | | | | | | | |
| **S/C Representative:** | | | |  | | | | **User Representative(s):** | | |  | | | | |
| **Project Sponsor:** | | | |  | | | | **University/Provost Representative:** | | |  | | | | |
| **Area Manager:** | | | |  | | | | **Other:** | | |  | | | | |
| **Approvals** | | | | | | | | | | | | | | | |
| **Approved By:** | | | | | | | | | | | | | **Date:** | | |
| Dean, Vice President, Vice Provost, Resource Center Director (for all requests) | | | | | | | | | | | | | | | |
| **Approved By:** | | | | | | | | | | | | | **Date:** | | |
| Provost, EVP (if total project cost is ≥$500K or loan) | | | | | | | | | | | | | | | |
| Email the fully executed form to the FRES Director of Design and Construction, Karen Gibson ([kgib@upenn.edu](mailto:kgib@upenn.edu)),the project sponsor and copies to the Provost, EVP, Dean, Vice President, Vice Provost and Resource Center Director, as appropriate. | | | | | | | | | | | | | | | |
| **Distribution:** | | | | | | | | | | | | | | | |