



**REQUEST FOR CAPITAL PROJECT
UNIVERSITY OF ILLINOIS SPRINGFIELD**

Project Introduction

Proposed Project Title: _____

Building Name: _____ Room #: _____

Confidential? ☐ Yes (limited information distribution) ☐ No

Have you spoken to anyone in Facilities and Services about this project? ☐ Yes ☐ No

If yes, please list name, contact information, and contact type here.

Name: _____ Contact: _____ Contact Type: Office Email
Cell In-person

Who is Requesting this Project?

Contact Name: _____ Contact Phone: _____
Department: _____ Contact Fax: _____
Contact Email: _____

Alternate Name: _____ Alternate Phone: _____
Alternate Department: _____ Alternate Fax: _____
Alternate Contact Email: _____

If scope includes a space change or relocation, has it been vetted and approved by the UIS Space Planning Committee? ☐ Yes ☐ No N/A

Approval Date if applicable: _____

Project Type

check all that apply

- | | | |
|---|---|--|
| <input type="checkbox"/> Site Work | <input type="checkbox"/> Maintenance/Repair of Existing | <input type="checkbox"/> New Building |
| <input type="checkbox"/> Utilities Improvements | <input type="checkbox"/> Feasibility Study | <input type="checkbox"/> Building Addition |
| <input type="checkbox"/> Remodeling (Int/Ext) | <input type="checkbox"/> Specialized Equipment Install | <input type="checkbox"/> Master Plan |

Desired Actions to be taken

check all that apply

- ☐ Estimate ☐ Design Services ☐ Construction

Scheduling

Proposed Construction Start Date: _____ Proposed Construction Finish Date: _____

Why were these dates chosen: _____

Are there any restrictions on any dates of Project? (classes, events, etc) ☐ Yes ☐ No
(If "Yes", please attach documentation providing reasons and/or specifics of restrictions)

Sizing

Approximate square footage associated with requested Project: _____

Will there be any square footage added to the location of Project? ☐ Yes ☐ No

If yes, how much: _____

Project Description / Scope of Work / Floorplan - (add additional pages if more space is required):

Total Project Budget/GSF Rate Scale

	Low	High	Typical	Escalation Rate per year
Offices/Classrooms				
new space	\$200	\$400	\$310	5.25%
remodeled space	\$25	\$75	\$36	5.25%
Research Labs				
new space	\$400	\$700	\$550	5.25%
remodeled space	\$175	\$750	\$250	5.25%
Libraries/Museums				
new space	\$300	\$600	\$450	5.25%
remodeled space	\$55	\$400	\$180	5.25%

Office Remodel Example = 3700 GSF(\$36/GSF) = 133,200 ; Typical Budget Estimate

Research Lab Remodel Example = 1800 GSF(\$250/GSF) = \$450,000 ; Typical Lab Remodel Estimate

Anticipated Budget: _____

If any additional costs outside of normal scope are required (furniture purchases, relocation costs, etc...), include these costs in anticipated budget

Capital Projects have a Total Project Budget of \$80K or greater. All other projects should be submitted as a work order/service request at <https://go.uis.edu/schooldude>

Additional Information

Go through the following sections and select any known requirements for this Project.

ARCHITECTURAL

- ☐ Walls/Partitions
- ☐ Masonry/Concrete
- ☐ Windows
- ☐ Doors/Hardware
- ☐ Waterproofing
- ☐ Insulating
- ☐ Roofing/Gutters
- ☐ Other

FINISHES

- ☐ Plastering
- ☐ Drywall
- ☐ Wall Covering
- ☐ Painting
- ☐ Vinyl Tile/Base
- ☐ Carpet/Base
- ☐ Suspended Ceiling
- ☐ Other

SPECIALTIES

- ☐ White/Glass/Tack Boards
- ☐ Chalkboards
- ☐ Shower
- ☐ Storage Shelving
- ☐ Access Flooring
- ☐ Directories/Signs
- ☐ Unique Fire Suppression System
- ☐ Other

MECHANICAL

- ☐ Central A/C
- ☐ Temp/Humid Control
- ☐ Ductwork
- ☐ Diffusers/Grilles
- ☐ Exhaust Fan
- ☐ Fume Hood
- ☐ Other

ELECTRICAL

- ☐ Lighting Fixtures
- ☐ Receptacles/GFI
- ☐ Telecom Outlets AND/OR WiFi
- ☐ Power if not 120V
- ☐ Dedicated Circuits
- ☐ Fire Alarm
- ☐ Emergency Lighting
- ☐ Security Access System
- ☐ Other

PLUMBING

- ☐ Domestic Water
- ☐ Ionized Water
- ☐ Compressed Air, Gas, Vacuum
- ☐ Sink/Fixtures
- ☐ Toilet/Fixtures
- ☐ Drain/Vent
- ☐ Fire Sprinkler
- ☐ Other

FURNISHINGS

- ☐ Window Treatments
- ☐ Fixed/Mobile Seating
- ☐ Modular Office Furn.
- ☐ Laboratory Furniture
- ☐ Display Case
- ☐ Bookcase Shelving
- ☐ Custom Woodwork
- ☐ Other

OTHER SERVICES

- ☐ Move/Rearrange Equipment AND/OR Furniture
- ☐ Special Event
- ☐ Landscaping
- ☐ Fencing
- ☐ Re-key Door Hardware
- ☐ Asbestos Removal
- ☐ Demolition
- ☐ Custodial

Any known additional items, such as furnishings, must be included in the previously stated budget

Funding and Cost

Source of Funds

- ☐ Dept./Institutional Funds
☐ AFS R & R
☐ Federal
☐ State Funds

- ☐ Interim Loan OR Bond
☐ Gift/Grant Funds
☐ Other (please specify): _____

Proposed CFOP (Line of Accounting): _____

Authorizing Signature _____

Title: _____

Contact Phone #: _____

Email: _____

Proceed Without Estimate (selection required)

☐ Yes ☐ No →

*If No is selected, see
Budget/GSF table on page 2
for the next section.*

Indicate Type:

Budgetary ☐ (+/- 25%)

These are rough costs based on area of work and do not have elemental breakdowns of each construction item.

Detailed ☐ (+/- 10%)

These estimates involve development of detailed construction elements, quantities and unit costs. A detailed estimate may significantly increase the time and cost required to complete the estimate.

Approval Signatures

* By signing this Acknowledgement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Business/Financial Manager _____

Date _____

*I understand that checking this box constitutes a legal signature confirming that I
acknowledge and warrant the truthfulness of the information provided in this document.*

Department Head _____

Date _____

*I understand that checking this box constitutes a legal signature confirming that I
acknowledge and warrant the truthfulness of the information provided in this document.*

Dean/Director _____

Date _____

*I understand that checking this box constitutes a legal signature confirming that I
acknowledge and warrant the truthfulness of the information provided in this document.*

Vice Chancellor _____

Date _____

*I understand that checking this box constitutes a legal signature confirming that I
acknowledge and warrant the truthfulness of the information provided in this document.*

Campus Approval: By obtaining the required signatures, per the levels noted above, the requesting Unit may proceed with the project development process through the campus construction unit headed by the Associate Vice Chancellor of Facilities and Services. New Buildings, Major Additions, or Total Renovations will require additional campus review and approval prior to proceeding with project development.

Electronically forward completed form and required attachments to Facilities & Services at: facilities@uis.edu.

Project Approval: Board of Trustee (BOT) delegated approval will proceed following project development,

Form Approved by Associate Vice Chancellor of Facilities and Services, June 2022

Revised June 2022