



Capital Improvement/ Deferred Maintenance/ RR Project Funding Request Form

Building:

Room:

Requester:

Shop:

Budget:

Requester Year:

Date of Request:

Request Type:

Capital Improvement

R & R:

Deferred Maintenance

CD&C Project Number:

Category:

HVAC/Utility

Floors

Upgrade

Interior Structure

Walls

Direct Replacement

Exterior Structure

Ceilings

General Grounds

Roof Systems

Windows

Other

Project Location Description

Project Description

Project Justification

Form must be signed by Director and assigned a Possibility of Failure and Criticality of Equipment before it is submitted to the Dispatch Office.

Criticality of Equipment:

- | | |
|--|---|
| <p>1 Univ. Impact
Shutdown of multiple buildings, ie Hospital, Research, Data Center etc.</p> | <p>3 Entire Bldg
Single system that can shutdown multiple systems for a Bldg</p> |
| <p>2 Mission Critical
Shuts down Bldg function, life safety, inconvenience, single system</p> | <p>4 Cosmetic
Aesthetics, looks, appearance</p> |
| | <p>5 Unnoticed
No one would notice for days or weeks</p> |

1 2 3 4 5

Possibility of Failure:

- | | |
|--|--|
| <p>1 Failed
No longer functional.</p> | <p>5 Compliance
Fails compliance to meet code and regulations</p> |
| <p>2 Imminent Failure
System failure with no warning. No backup or redundancy available.</p> | <p>6 Outdated
At 90% of useful life (ie 80-90%) functionality gone</p> |
| <p>3 Redundancy
System failure with backup available.</p> | <p>7 Other Funding
Other funding sources to be considered other than Capital Improvement of Deferred Maintenance.</p> |
| <p>4 Budget Impact
Past economic life cycle, expensive to maintain, high energy use, parts availability</p> | |

1 2 3 4 5 6 7

Director Signature: _____