**California State University, San Bernardino**

**Facilities Planning, Design and Construction**

**PROJECT PROPOSAL FORM**

**Cover Sheet**

|  |
| --- |
| **PROPOSAL FORM SUBMITTAL PROCESS** |

Campus departments and auxiliaries who wish to propose construction projects must submit a Project Proposal Form. This application will form the basis to develop a clear definition of the scope of work for the project. It will ensure a project has been adequately reviewed by all management levels within the College or Division and has received the recommended approval of applicable campus committees.

Once the request has been received by Facilities Planning, Design and Construction (FPDC), the requestor will be contacted to further discuss the proposed scope, budget and schedule. FPDC will determine whether the request requires review of the University Space Planning Advisory Committee (SPAC).

|  |
| --- |
| **ACADEMIC AFFAIRS SPACE COMMITTEE** |

All project proposals and space requests from a program or department under Academic Affairs require the approval of the Academic Affairs Space Committee. FPDC will review project proposals based on the priorities determined by the committee.

|  |
| --- |
| **PRIMARY REASONS WHY A PROJECT PROPOSAL FORM IS REQUIRED** |

1. Identify the issue(s) to be addressed and ensure that other potential solutions have been explored.
2. Identifies impacts and stakeholders involved with or affected by the proposal
	1. Ensures adequate input for issues to be addressed
	2. Identifies various departments that may have oversight over project components
3. Establishes work done to be code compliant per the California Building Code and other regulatory codes. An alteration to existing space may trigger a code upgrade or may require further review by others:
	1. Provides for Agency Approvals (State Fire Marshal, Division of State Architect, etc.)
	2. Sets up Job Card for project inspections
4. Enables As-built conditions to be documented and records updated
	1. Provides necessary information to update drawings
	2. Archive indexing allows for data access and retrieval for future project research
	3. Documents modifications to system capacities for use in evaluating future projects
5. Identifies and validates funding sources and reconciles budget estimates
	1. Requires department to commit funding sources

**California State University, San Bernardino**

**Facilities Planning, Design and Construction**

**PROJECT PROPOSAL FORM**

**INSTRUCTIONS:** To better assist with your proposal, please fill out this form in its entirety and obtain all required approval signatures prior to submitting to Facilities Planning, Design and Construction.

|  |
| --- |
| 1. **REQUESTOR INFORMATION**
 |

**Requestor Name**:  **Title:**

**Department**:  **Division/College:**

**Date of Request**:  **Campus Ext:**

|  |
| --- |
| 1. **PROPOSED PROJECT LOCATION**

Please identify the location(s) affected by the proposal |

* 1. **Building Name:**
	2. **Room(s):**
	3. **Outdoor Area (if applicable):**
	4. **Current Function of Proposed Location:**
	5. **Is this proposal for a State or Non-state program/function:**

**\* *Cost recovery is required for State functions located in Non-State facilities and vice-versa.***

|  |
| --- |
| 1. **REASON FOR REQUEST**

To ensure that each proposal is in support of the academic mission and the goals of the CSUSB Strategic Plan <https://www.csusb.edu/strategic-plan>. |

* 1. **Briefly describe the reason for this request.**
	2. **Why is the existing location or space not adequate (if applicable)?**
	3. **How does this proposal promote student, faculty and staff success?**
	4. **How does this proposal support the goals of the CSUSB Strategic Plan?**
	5. **How does this proposal efficiently re-allocate existing resources such as space, operational funding, or staffing?**

|  |
| --- |
| 1. **ALTERNATIVES EXPLORED**

For all proposals involving state space or the use of state funds, lower cost alternatives must be considered to ensure the best and most efficient use of resources. |

* 1. **Please describe other alternatives explored and why the proposed solution is preferred (e.g. the use of systems furniture to avoid construction costs).**
	2. **If applicable, please describe why the request cannot be achieved through adjusted scheduling, sharing of space, or the re-assignment of space between different units/departments/colleges?**

|  |
| --- |
| 1. **PROPOSED SCOPE OF WORK**

Please use the questions below as a guideline to describe the proposed scope. |

* 1. **Please provide details of the proposed scope of work.**
	2. **Does the proposal include modifications to existing walls and exit doors?**
	3. **Does this proposal include the relocation or installation of special equipment (i.e. fume hoods) or equipment requiring plumbing, cooling/heating, or electrical services?**
	4. **Please describe any audio-visual requirements.**

|  |
| --- |
| 1. **POTENTIAL PROJECT IMPACTS AND SECONDARY EFFECTS**

Please answer the questions below to provide a better understanding of potential project impacts. |

* 1. **If this proposal temporarily or permanently displaces existing faculty or staff, please describe where the occupants will be temporarily or permanently relocated?**
	2. **If this proposal will temporary or permanently cause an instructional space (i.e. teaching lab or classrooms) to be unavailable, please describe the plan to relocate or replace the existing space function. (SPAC review will be required).**
	3. **If applicable, will your current space be vacated or re-assigned upon receipt of the new space? Please explain.**

|  |
| --- |
| 1. **REQUESTED TIMELINE**

Modifications to CSU facilities may require the review of various CSU/State agencies (i.e. CSU Office of the Chancellor, State Fire Marshal, Division of the State Architect, etc.) and may not coincide with requested timeline for completion. Additionally, proposed projects may not be feasible depending on specific project requirements. |

* 1. **What is the requested project start and completion date? Please provide the reasoning for the timeline to assist with developing a potential project schedule.**

|  |
| --- |
| 1. **FINANCIAL INFORMATION**

The requestor must identify the available budget and funding source to ensure that funds have not been previously earmarked for other purposes. It is important to ensure funding is available as the development of preliminary cost estimates for physical improvements require an in-depth review of each proposal including consultation with various campus departments and outside consultants.  |

* 1. **Department Funds Available For This Request:**

* 1. **Funding Source:**
	2. **Chart Field String:**
	3. **Period/Length of Funding Availability:**
		1. **Is this proposal contingent upon re-occurring funding or part of a one-time grant/donation?**
		2. **Has the department’s operation budget taken into account any potential ongoing costs associated with this proposal?**

|  |
| --- |
| 1. **ADDITIONAL COMMENTS AND ATTACHMENTS**

Include any additional information that may be relevant for Facilities Planning, Design and Construction to effectively address your proposal.Please attach the following (if applicable):1. Current photos of the proposed project location
2. Proposed project details (i.e. wall removal, install data ports, new sink) illustrated on building floor plans.

<https://www.csusb.edu/facilities-planning-management/forms-documents/csusb-sb-campus-floor-plans><https://www.csusb.edu/facilities-planning-management/forms-documents/csusb-palm-desert-campus-floor-plans> |

|  |
| --- |
| 1. **REVIEW/APPROVAL SIGNATURES**

Please obtain all required management approval and committee review signatures prior to submitting to Facilities Planning Design and Construction. |

***Requestor:***

Print Name Signature Date

***Department Chair or Director:***

Print Name Signature Date

***Dean or AVP:***

Print Name Signature Date

***Provost/Academic Affairs Space Committee (if applicable):***

*\* AASC review required for all proposals involving Academic Affairs programs, personnel or assigned spaces.*

Print Name Signature Date

***FPDC/Space Planning Advisory Committee (if applicable):***

*\* SPAC review required for space re-assignment or change in use*

Print Name Signature Date