

**DALHOUSIE UNIVERSITY  
CAPITAL PROJECT REQUEST FORM  
FOR  
NEW CAPITAL CONSTRUCTION AND MAJOR ALTERATIONS\***

The purpose of a new capital project and major renovation is to support the goals of the university through fostering academic innovation, enriching student experience, strengthening enrolment, supporting research excellence, developing outstanding human resources, sustaining campus renewal, ensuring financial stability, and engaging our community.

\*New capital construction and major alteration projects include: new building construction, addition to existing buildings, additions to information and communications technology infrastructure, and additions to utility systems that have a project cost of >\$1M or major alterations/renovations of existing space, existing information and communications technology infrastructure, and existing utility systems that have a project cost of >\$5M.

Proposed Project Title: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**PROJECT INCEPTION**

(STAGE 1 – To be filled out by the Requestor and submitted to VP Project Sponsor)

Requesting Individual: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Requestor email: \_\_\_\_\_

Requestor Telephone Number: \_\_\_\_\_

Department Head (**signature required**): \_\_\_\_\_

Date: \_\_\_\_\_

Dean/AVP (**signature required**):  
\_\_\_\_\_

Date: \_\_\_\_\_

**Brief Project Description:**

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**Project Justification:** (Check box if information is attached, instead of filling in the sections below)

a.  Why additional space or renovated space is required

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b.  Why this proposal is a priority for the Department, Faculty and University

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c.  Relationship to the strategic focus of the University

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d.  Relevance to the Campus Master Plan

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- e.  Need and expected contribution this project will meet department/unit requirements in terms of undergraduate teaching, graduate teaching, research, other

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- f.  Summary of existing space inventory (Space Planning can assist with this information)

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**Project Type:** (Check one)

New Capital Construction >\$1M

- New building
- Building addition
- Addition to information & communications technology infrastructure
- Addition to utility systems

Major Alterations/Renovations to Existing >\$5M

- Major alterations/renovations to existing space
- Upgrades/improvements to existing information & communications technology infrastructure
- Upgrades/improvements to existing utility systems
- Other construction

**Conceptual Solution and Alternatives considered:**

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**Initial Proposed Project Costs Worksheet**

**PROJECT INCEPTION – STAGE 1**

	# of Rooms	Avg. Size Net. s.f.	Total Net s.f.	Gross-Up Factor  (New Construction & Additions)	Total Gross s.f.  (New Construction & Additions) (c) x (d)	Avg. Cost/sf  (Renovation to Existing Space)	Avg. Cost/s.f.  ( New Construction & Additions)	Initial Cost Estimate  (Renovation to Existing Space (c) x (f) <u>or</u> New Construction (e) x (g))
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Faculty Offices - Assume: 1) 110- 120 sf per office administrators, shared office, other 2) 150 - 190sf for Director 3) 200- 300sf for Dean 4) 300- 365 for VP's				x 1.65		x\$165-\$195	x \$370	
General Classrooms – Assume flat floor with loose tables and chair:: 1) 26-28 sf per person for 1-20 capacity 2) 22-25 sf per person for 21-40 capacity 3) 20 - 21 sf per person for 41+ capacity				x 1.65		x\$170-\$235	x \$395	
Serviced Labs – Assume for instructional laboratory space: 1) 32 – 38 sf per student station for laboratories 30 stations and more 2) 43 – 54 sf per student station for laboratories 10 - 20 stations 3) 54 - 129 sf per student station for laboratories 10 - 15 stations or less				x 1.65		x\$200-\$265	x \$700	
Open, unserviced work areas (e.g. open offices, study areas)				x 1.65		x\$115-\$145	x \$330	
Specialized space (please describe on a separate sheet and contact Facilities Management for cost information)				x 1.65		Contact Facilities Mgmt	Contact Facilities Mgmt	
Specialized Equipment Cost List in (h)								
A. Sub-Total Sum of column (h)								A.
B. FF&E at 35% 35% x Sub-Total of A.								B.
C. Sub-Total (A. + B.)								C.
D. LEED at 30% 30% x Sub-Total of C.								D.
E. Sub-Total (C. + D.)								E.
F. Tax (5%) 5% x Sub-Total of E.								F.
G. Sub-Total (E. + F.)								G.
H. Contingency (10%) 10% x Sub-Total G.								H.
I. TOTAL (G. + H.)								I.

Initial Proposed Project Costs (I. of Worksheet): \_\_\_\_\_

Operating Costs = Gross sf \_\_\_\_\_ x \$9.50/sf = \$ \_\_\_\_\_

Or Other (Specify) = \_\_\_\_\_

*Escalation Rate per year 5.25%. This rate will be used for budgeting purposes only.*

Funding Sources: Note ALL funding sources e.g. dept. funds, grant funds, capital funds through fund-raising, etc.

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VP Sponsor(s) name(s):

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**1.1 Requestor and Dean review Capital Project Request Form with VP Sponsor(s)**

VP Sponsor(s) (**signature(s) required**): \_\_\_\_\_  
(to confirm review has occurred):

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Date: \_\_\_\_\_

**1.2 VP Sponsor(s) review Capital Project Request with Presidents' Executive**

Date: \_\_\_\_\_

VP Sponsor sends to Capital Planning, Facilities Management.

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**1.3 Capital Planning, Facilities Management receives Capital Project Request Form from VP Sponsor(s)**

Date Received: \_\_\_\_\_

Capital Planning, Facilities Management reviews, analyzes, meets with requestor, and revises Capital Project Form if necessary.

Updates to form attached: Yes  No\*  \*No changes to initial form required.

Cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager: \$ \_\_\_\_\_.

**Capital Planner (signature required):** \_\_\_\_\_

Capital Planner sends Capital Project Request and costs to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager to VP Sponsor(s) for recommendation.

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.4 VP Project Sponsor(s) review Capital Project Request and cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager:**

Recommend: Yes  No

**VP Sponsor(s) (signature(s) required):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If 'Yes', send to Presidents' Executive.

If 'No' send to Capital Planning, Facilities Management with comments.

**1.5 President's Executive review Capital Project Request and cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager:**

Recommend: Yes  No

**President's Executive (signature required):**  
(any member of the President's Executive can sign)

\_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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\_\_\_\_\_  
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If 'Yes', send to President.  
If 'No' send to Capital Planning, Facilities Management with comments.

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**1.6 President reviews Capital Project Request and cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager:**

Recommend: Yes  No

**President (signature required):** \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If 'Yes', send to Capital Development Committee.  
If 'No' send to Capital Planning, Facilities Management with comments.

**1.7 Capital Development Committee reviews Capital Project Request and cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager:**

Approve: Yes  No

**Chair, Capital Development Committee (signature required):** \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

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If 'Yes', send to BOG Operations Committee.

If 'No' send to Capital Planning, Facilities Management with comments.

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**1.8 BOG Operations Committee reviews Capital Project Request and cost to proceed with pre-design phase with selected planning firm(s) (for functional plans, investigation, testing, etc.) and Project Manager:**

Approve: Yes  No

**Chair, BOG Operations (signature required):** \_\_\_\_\_

(to proceed with pre-design phase with selected planning firm and Project Manager)

Date: \_\_\_\_\_

Comments:

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If 'Yes', send to Capital Planning, Facilities Management.

If 'No' send to Capital Planning, Facilities Management with comments.

Inclusion of project in Multi-Year Capital Plan.