



Capital Project Planning Form

Hamline University Facilities Services
(651) 523-2225

For Facilities Use Only Project

Name:

Project ID #:

Department/Division Chair

Sponsor:

Instructions: Complete as much of page 1 as you can. Secure the electronic signature of the department head. Email completed signed form to facilities@hamline.edu. Facilities Administration & Planning will follow-up with you to confirm the scope of your project and guide you through the project estimate process.

Project Location & Space Information

Building:

Room/Floor/Area:

Project Requester:

Proposed Fiscal Year:

FY27

FY28

FY29

Space / Infrastructure (infrastructure includes plumbing, heating, lighting)

1. Are you adding new space: Yes No
2. Are you remodeling or changing existing space? Yes No
3. Will this space require technology upgrades or modifications? Yes No

Equipment

1. Will installation of equipment require space changes or additions?
Yes No
2. Will installation of equipment require new infrastructure?
(such as plumbing, heating, lighting, etc.)
Yes No

Project Description

Please provide a detailed description of the request, including specific requirements needed to estimate overall costs, or submit an additional sheet if necessary. In your description, address each of the evaluation criteria provided in Appendix A. A department scoring column is included on the 2nd page of this form, in case the department head wants to provide a self-evaluation based on the criteria.

Goals, Objectives and Alignment with University Strategic Plan

Use an additional page if necessary to provide a detailed description outlining the strategic importance, financial benefits, urgency, and quality enhancements of the project, alignment with the HU mission, Estimated Operating Costs, Project bundling, Return on Investment.

Project Funding

Anticipated Budget you are willing to commit to project: ☐ Less Than \$50,000 ☐ Over \$50,000

Planned Funding Source	Amount	Check if funds are currently available?
Restricted & Sponsored Prog		<input type="checkbox"/>
Internal Funds		<input type="checkbox"/>
External Funds		<input type="checkbox"/>

ULT/Director approval required after all items above are completed.

ULT/Director Title

ULT/Director Electronic Signature:

Facilities Use Only**Planning Estimate:** \$ _____

ULT Member (please print)

ULT Member Signature:

Project Evaluation**Priority Evaluation Criteria**

Submitter Scoring

Final Evaluation

➤ **Impact on Core Mission of the University**➤ **Investment in Existing Facilities and Infrastructure**➤ **Life and Safety**➤ **Occupancy and Utilization of Existing Facilities**➤ **Estimated Amount of Funding Provided**➤ **Direct Student Impact**➤ **Alignment of project goals and objectives to University's strategic plan****GRAND TOTAL:****Approval for CONSTRUCTION**

If APPROVED, ULT Signature:

If REJECTED, provide explanation:

If Approved, forward to CFO for signature.**If rejected, email to facilities@hamline.edu**

VPFA/CFO's Signature:

VPFA/CFO saves and sends signed form via email to facilities@hamline.edu**Facilities Use Only**

Estimate File #

Architect/Engineer Schematic

Preliminary Estimate:

PROJECT NOTES:

**Appendix A
Annual Capital Planning
Evaluation Criteria**

No.	Evaluation Criteria	Evaluating Factors	Scoring Parameters	Max Points
1	Impact on HU core mission	To what extent does the project enhance the core (academic, research, or programming) mission of HU	Low- High	10
2	Investment in existing facilities and infrastructure	To what extent does the project support investment in or adaptive repurposing of existing facilities and infrastructure	Low- High	4
3	Life and Safety	Does the proposed project address facility or infrastructure deficiencies that pose a serious threat of injury or death	Low - High	7
4	Occupancy and utilization of existing facilities	To what extent has the requester demonstrated occupancy and effective utilization of existing facilities to merit capital investment	Low - High	4
5	Estimated amount of funding provided	To what extent are current funding sources available to cover the cost of the project	10 = 100% funding in hand 8 = less than 100% 7 = less than 75% 5 = less than 50% 0 = less than 25%	10
6	Direct Student impact	To what extent will the project directly impact students positively	Low - High	5
7	Alignment of the project's goals and objectives to the University's Strategic Plan	To What extent does this project have a direct impact on the University strategic Plan and annual priorities	Low-High	5

Maximum Points

45