

**COLLEGE OF THE HOLY CROSS
PRELIMINARY CAPITAL REQUEST
CABINET SUBMISSION**

Date: _____

Description of Request: _____

Building: _____ Room: _____

Requestor: _____ Department: _____

Authorized By: _____

Detailed Description of Work:

Physical Plant Cost Range \$ _____ to \$ _____

Project will require design by Architect/Engineer: _____

Source of Funds: Donor: _____ Amount: _____ Capital Improvement Fund: _____

Physical Plant Project Review	YES*	NO
1. Additional Consultant Services Are Required for Accurate Cost Estimate and Code Review.		
2. Project will/may negatively impact other departments.		
3. Additional costs will be incurred by the college through another funding source for equipment, etc.		
4. Additional operational costs will be required to service the change.		
5. Building systems may be negatively impacted by the change.		
6. Future modifications/costs may be necessary as a result of this project.		
7. The project is significantly outside the original design intent of the space/asset.		

* All items answered as yes are described on the attached sheet.

Cost estimate for consultant services if item #1 is **yes**: \$ _____

Attachments:

_____ PCR Request Form _____ Request Letter _____ Project Review Explanation

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 - a.
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