**CAMPUS DEVELOPMENT REQUEST**

**PROPOSAL NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE/UNIT PROPOSAL SPONSOR:** College/Unit name

 **Primary Contact:** Contact(s) for questions about proposal

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Phone:** Preferred phone

**INITIAL CHECKLIST:**

 1. Is the budget to address this need greater than $4 million?

 [ ]  Yes [ ]  No [ ]  Unsure

 2. Will the need have an impact on the exterior appearance of campus buildings or grounds?

 [ ]  Yes [ ]  No [ ]  Unsure

 3. Will the need result in an impact on or change to the Physical Master Plan?

 [ ]  Yes [ ]  No [ ]  Unsure

“Yes” to any of these questions, proceed with the strategic proposal request. “No” to all questions, use the “Operational” project process.

“Unsure” of any, contact Campus Planning and Strategic Investment at group-campus-dev-request@ncsu.edu

**EXECUTIVE SUMMARY**

Describe the needs for this capital request, and how it aligns with the NC State Strategic Plan, the Physical Master Plan Guiding Principles (link to qualitative metrics sheet), other university strategic initiatives, and NC State’s mission.

**NEEDS BACKGROUND AND DESCRIPTION**

Provide relevant background information and describe the needs in detail including, but not limited to:

1. Key drivers for the need (e.g., addresses life-safety risk; responds to legal, compliance, or regulatory mandates; improves current conditions; realigns resources to meet needs; provides resources that don’t currently exist; etc.)
2. Whether the need is being driven by a new program, a research grant, inadequate existing facilities, etc.
3. Collaborations with other colleges/divisions/units.
4. The value investing in the need will bring to the university, and beyond the university.
5. Proximity/adjacency requirements to other units and/or functions on campus.
6. Whether the need depends on other enabling projects, including infrastructure and utilities, and if so, describe the sequence order of those projects.
7. Critical timelines to address the need (operational requirement, certificate of occupancy, etc.)
8. Other background about the request that will assist with evaluating and prioritizing the need.

**FINANCIAL INFORMATION**

Financial resources to address the need will be evaluated as part of the process. Indicate whether or not any funding strategies have been identified to address the need.

**ADDITIONAL INFORMATION**

Enter additional information and/or attach documents related to the need not included above (e.g., pro formas; private philanthropy commitments; photos of existing conditions; etc.).

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| **Submitted/ Endorsed by:** |  |
| **Facility Coordinator**  |
|  (print name) |
| (Signature) (date) |
| **Department/Unit Head**  |
|  (print name) |
| (Signature) (date) |
| **Dean or Vice Chancellor** |
|  (print name) |
| (Signature) (date) |

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**Submit Requests:** group-campus-dev-request@ncsu.edu