NC STATE UNIVERSITY

CAMPUS DEVELOPMENT REQUEST

Proposal Name

College/Unit Proposal Sponsor

Primary Contact Name and Title

Primary Contact Email

Primary Contact 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 *(200-word limit)*

Describe the need(s) for this capital request and how it relates to NC State's mission.

PRIORITY

1. If your college/unit is submitting more than one request, please rank the priority of this request.
☐ First ☐ Second ☐ Third ☐ Other

2. Which of the university's strategic goals does this request contribute toward?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

NEEDS BACKGROUND AND DESCRIPTION

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

1. **Key Drivers:** Why is this needed? Is it driven by a new program, research grant, inadequate existing facilities, or other reason(s)? For example: 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. **Strategic Plan:** Describe how this aligns with the goals in the university's strategic plan.
3. **Physical Master Plan (PMP):** Describe how the request aligns with PMP guiding principles.
4. **Collaboration:** Describe partnership with other colleges/divisions/units related to this request.
5. **Value:** Describe the value that investing in the need will bring to and beyond the university.
6. **Location:** Describe any proximity/adjacency requirements to other units and/or functions.
7. **Enabling Projects:** Describe whether the need depends on other enabling projects, including infrastructure and utilities, and if so, describe the sequence order of those projects.
8. **Timeline:** Are there any critical timelines to address the need?
9. **Background:** Please share any other background about the request that will assist with evaluating and prioritizing the need. This could include previous studies, etc.
   ***An additional fillable page is attached for these answers

FINANCIAL INFORMATION

Have any funding strategies been identified to address the need?
☐ Yes ☐ No ☐ Partially ☐ Other

Please explain.

ADDITIONAL INFORMATION

Please include any additional information or attach any documentation related to the need. (e.g. pro formas, private philanthropy commitments, photos of existing conditions, etc.)

ENDORSEMENT

Facility Coordinator Signature	Name:
	Date:
Department/Unit Head Signature	Name:
	Date:
Dean or Vice Chancellor	Name:
	Date:

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

Campus Development Request Form