Project Name	PPM#



MINOR CAPITAL IMPROVEMENT PROJECT APPROVAL for Projects with Total Budget \$35,001 - \$1,000,000

ODICINATING DEPARTMENT.						
ORIGINATING DEPARTMENT:	Donartn	nont Con	tact:			
Department/VC Area:						
SignatureFiscal Contact:	Title:					
Signature	Date:					
Dean, Assist. Dean or Provost (required, if applicable):						
Name:	Title:					
Signature	Date:					
Vice Chancellor or Vice Chancellor's Representative:						
Name:	Title:					
Signature	Date:					
PROJECT MANAGEMENT:						
Managing Department: CPM FM CPD	PM Pho	ne:				
Project Manager (PM):	PM Ema	-				
PROJECT INFORMATION:						
Facility/Building Name:	Estimated	l Start Da	te (мо	nth/Yr):		
Location Code (CAAN):	Estimated Completion Date (Month/Yr):					
Room Number(s):	Warranty End Date (Month/Yr):					
Project/WO No.:	PPM No. (provided by Capital Planning)					
Total Project Budget:	Project Sta	rt Date				
Project Description (to include location, square footage, scope of work,	justification/need	I):				
Drawings illustrating existing and proposed conditions are (including proposed location of trenching, staging and/or laydown areas)	e attached	Yes		No 📗		
Does the project have potential to impact a historical reso	nurce?	Yes		No 🗍	Uncertain	
Will the project involve or require any of the following:				No No	Uncertain	
Asbestos or lead abatement		Yes Yes		No No	Uncertain	
Change to floor plans (walls, windows, doors) or space class (i	ie: office to lah)	Yes		No No	Uncertain	
Addition/Removal/Alteration to walls or doors	ic. office to lab)	Yes		No No	Uncertain	
Utility trenching		Yes		No No	Uncertain	
Installation of exterior mechanical equipment		Yes		No H	Uncertain	
Use of Federal or State funds		Yes		No No	Uncertain	
Staging and/or lavdown area				No No	Uncertain	
SEASTIF UTION OF TO VOLVETT OF CO.		Yes		110	- Ullulani	

	✓ Proje	ct Name	PPM#				
FUND SOURCES:		- ···		e:	·		I I
Department Name	Amount	Entity	Fund	FinUnit	Function	Project	Task
						1	

- CAMPUS REVIEW & APPROVALS

 This approval does not constitute a plan check. A separate review for building permit is required.
- o If approval is conditional, please note in space below. It is the responsibility of the PM to ensure all conditions are met.

	Signature of Approver	Date	Conditions?
Campus Planning			-
Facilities Management			-
Operations Management & Capital Programs			-
Capital Program Management			_
Conditions:			

INSTRUCTIONS

Use of the Minor Capital Improvement Project Approval form:

Capital projects involve construction, renovation, or alteration of University owned or University controlled property and facilities, including leased/managed facilities which are coordinated by Real Estate. The approval form is required for ALL Minor Capital Improvement projects (\$35,001-\$1,000,000).

Funding:

0

Minor Capital Improvement Projects are funded through an account established PRIOR to the bid/award process. It is the responsibility of the originating department to confirm the eligibility of the fund source used to pay for the project.

A limited amount of funding for initial planning (seed funding) can be advanced prior to project approval in order to better define scope and budget. Contact Capital Planning (<u>Capital Planning@ucsd.edu</u>) to discuss this option if needed.

Construction Management:

All work is performed by and/or contracted through Facilities Management (FM), Capital Program Management (CPM), or the Medical Center Construction Projects Department (CPD), with the exception of leased/managed properties, which shall be coordinated through Real Estate.

Submittal of the Minor Capital Improvement Project Approval Form:

- o Enter relevant project information, attach drawings, and obtain signatures at top of page
- Enter fund source(s)
- Submit completed form to Capital Planning for processing (<u>CapitalPlanning@ucsd.edu</u>)

CAPITAL PLANNING USE ONLY
Complete form received (including valid fund source & project drawings): Fund Sources verified with (fiscal contact name/date): Date Routed:

✓ Project Name PPM#	
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MINOR CAPITAL IMPROVEMENT PROJECT APPROVAL

for Projects with Total Budget \$35,001 - \$1,000,000

AUGMENTATION REQUEST *Please attach original APPROVED Minor Capital Improvement Project Approval form **PROJECT INFORMATION:** Additional Funding Requested: Estimated Completion Date (Month/Yr): Warranty End Date (Month/Yr): Total Amended Budget: Reason/Need for augmentation request: **DEPARTMENT/VC AREA APPROVAL OF AUGMENTATION:** Department/VC Area: Department Contact: Department Head: Title: Signature Date: Fiscal Contact: Title: Signature Date: Vice Chancellor or Vice Chancellor's Representative: Name: Title: Signature Date: PROJECT MANAGEMENT: Managing Department: CPM FM CPD PM Phone: PM Email: Project Manager (PM): **FUND SOURCES:** Amount FinUnit **Department Name** Entity Fund Function Project Task **CAMPUS REVIEW & APPROVALS Signature of Approver** Date **Conditions? Capital Program Management Facilities Management** O If approval is conditional, please note in space below. It is the responsibility of the PM to ensure all conditions are met. **Conditions:**

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LAP		P 1 4		GUSE	CHALL

Complete form received (including valid fund source & project drawings):
Fund Sources verified with (fiscal contact name/date):
Date Routed: