|  |  |  |  |
| --- | --- | --- | --- |
| **Agency** | **University** | **Facility ID** | **Facility Name** |
| Universities of Wisconsin | X | 285-0X-####X | X |

|  |  |  |
| --- | --- | --- |
| **Project ID** | **Project Title** | **Priority** |
| X | X | ## |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Type** | | | | | | | | | |
| *AFTER SELECTING THE APPROPRIATE PROJECT TYPE HERE, PLEASE BE SURE TO COMPLETE ALL CORRESPONDING & COLORCODED SECTIONS THROUGHOUT THE REQUEST FORM.* | | | | | | | | | |
|  | **All Agency** |  | **Instructional** |  | **Minor** |  | **Major** |  | **UW Managed** |
| *Double-click on a checkbox to open the Check Box Form Field Options dialog box to change the state of the checkbox.* | | | | | | | | | |

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| **Project Intent** | | | | |
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| **Project Description and Scope** | | | | |
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X

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| --- | --- | --- | --- | --- | --- | --- |
| **Demolition:** | 0 | ASF | 0 | GSF | $ | 0 |
| **Renovation:** | 0 | ASF | 0 | GSF | $ | 0 |
| **New Construction:** | 0 | ASF | 0 | GSF | $ | 0 |
| **Project Total:** | **0** | **ASF** | **0** | **GSF** | **$** | **0** |
| *Cost values (far right column) should reflect construction costs only.* | | | | | | |

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| **Background** | | | | |
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| **Analysis of Need and Project Justification** | | | | |
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X

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| **Alternatives** | |  | |  | | *UW Managed Projects ≍ Major Projects* | | |
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| **Consultant Requirements** | | |  | | *UW Managed Projects ≍ All Agency Projects* | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project** Budget (Copy/Paste from Project Budget Worksheet Summary) | | | | | | **Funding Sources** | | | | |
|  |  | | | |  | |  |  | | |
| Construction: | |  | $ | 0 | | GFSB: | | | $ | 0 |
| Hazardous Materials: | |  | $ | 0 | | PRSB: | | | $ | 0 |
| **Total Construction:** | |  | **$** | **0** | | Cash: | | | $ | 0 |
| Design Fees (Basic): | | #.##% | $ | 0 | | Gifts: | | | $ | 0 |
| Design Fees (Other): | | #.##% | $ | 0 | | Grants: | | | $ | 0 |
| **Total Design Fees:** | |  | **$** | **0** | | BTF: | | | $ | 0 |
| Contingency: | | #.##% | $ | 0 | | Other (Please Describe): | | | $ | 0 |
| Management Fees: | | #.##% | $ | 0 | | Other (Please Describe): | | | $ | 0 |
| Furnishings/Fixtures/Eqpt: | | #.##% | $ | 0 | | Other (Please Describe): | | | $ | 0 |
| **Total Budget Estimate:** | |  | **$** | **0** | | **Total Funding Sources:** | | | **$** | **0** |

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| **Funding Source Checklist** | | | | | | **Yes** | **No** |
|  | |  |  |  |  | | | |
| **A.** | **If this project includes Gifts and/or Grants funding sources, are there any conditions, limitations, requirements, or restrictions on that funding in terms of schedule, budget, or program?** | | | | |  |  |
| **B.** | **If this project includes Program Supported Borrowing (PRSB) or Program Revenue Cash funding sources, are there any pending approvals required for segregated fee increases that impact the proposed funding sources for this project request? If so, please detail those pending approvals here.** | | | | |  |  |
|  | X | | | | | | |

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| **Project Schedule** (MP = 75%, AA/IS/MFR = 35% for Design Report) | | | | **Project Contact (Institution)** | | | |
|  |  | |  | |  | |  | |
| A/E Selection: | | Mmm YYYY | | Contact Name: | | X | |
| Design Report (35% or 75%): | | Mmm YYYY | | Contact Email: | | <X@X> | |
| Approval: | | Mmm YYYY | | Contact Phone: | | X | |
| Bid Opening: | | Mmm YYYY | |  | |  | |
| Start Project: | | Mmm YYYY | |  | |  | |
| Substantial Completion: | | Mmm YYYY | |  | |  | |
| Project Close Out: | | Mmm YYYY | |  | |  | |

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| **Previous Action** | | | | | |
|  |  | |  |  |  | |
| MM/DD/YYYY  Resolution ID # | | The Board of Regents previously… | | | |
| MM/DD/YYYY | | The State Building Commission previously… | | | |

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| **Fee and Rate Impact(s)** | | | | | | | | | | | |
|  | | |  | | | | |  | |  |  | |
| **Fiscal Year** | | | | | **Project Fee Impact** | | | | **Description** | | |
| Increment |  | Total Fee | | *Describe/list segregated fee and/or rate increases required to support this project request. Please include description of phased implementation, per year increases, detail any year-by-year differences, and describe the fee term duration. Please also include method and date the segregated fee increase was approved.* ***Increment*** *= project specific increase per identified period whereas* ***Total Fee*** *= resulting total fee incorporating the project specific increment and all retired fees during that same identified period.* | | |
| YYYY | to | YYYY | | $ | 0 | $ | 0 | |
| YYYY | to | YYYY | | $ | 0 | $ | 0 | |
| YYYY | to | YYYY | | $ | 0 | $ | 0 | |
| YYYY | to | YYYY | | $ | 0 | $ | 0 | |
| YYYY | to | YYYY | | $ | 0 | $ | 0 | |

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|  | FY## | FY## | FY## | FY## | FY## | FY## | FY## | FY## | FY## | FY## | FY## | FY## |
| Item #1 Name | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Item #2 Name | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| INCREASE SUMMARY | | | | | | | | | | | | |
| Increase in $ | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Increase in % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

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| **Impact on Operating Budget** | | | | | | **Description** | | |
|  |  | | | |  | |  |  |
|  | | **FTE** |  | **Cost** | | *It is estimated that an additional $### will be required annually to support the completion of this project for staffing, supplies and expenses, and energy bills. Adequate and appropriate operational budget sources have been identified and internally allocated/committed to support this proposed project.*  *It is estimated that approximately $### will be required for temporary relocation costs (faculty/staff moves, trailers, off-site storage, temporary facilities and/or utilities, etc.) associated with the proposed scope and duration of work.*  *It is estimated that approximately $### (75% of Design Fee estimate for Major Projects, 50% of Design Fee Estimate for All Agency, Instructional, and Minor Projects) will be required at a minimum to fund planning and design efforts prior to seeking BOR and SBC construction authority.* | | |
| Custodial Staff: | | #.## | $ | 0 | |
| Maintenance Staff: | | #.## | $ | 0 | |
| Academic/Program Staff: | | #.## | $ | 0 | |
| Annual Debt Service: | | PR | $ | 0 | |
| Supplies & Expenses: | |  | $ | 0 | |
| Utility Bills: | |  | $ | 0 | |
| **New Annual Costs:** | | **0.00** | **$** | **0** | |
|  | |  |  |  | |
| **One Time Project Costs:** | |  | **$** | **0** | |
| **Reimbursable Costs:** | |  | **$** | **0** | |

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| **Location and Scheduled Instruction Information** | | | | | | | | | | | |
|  |  | |  | | |  | | |  | | | |
| **Space or Room ID:** | | X | | X | X | | X | X | | X | X |
| **Instructional Space Type:** | | C, L, or S | | C, L, or S | C, L, or S | | C, L, or S | C, L, or S | | C, L, or S | C, L, or S |
| **Scheduled Hours/Week:** | | # | | # | # | | # | # | | # | # |
| *C = Classroom L = Laboratory S = Studio* | | | | | | | | | | | |

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| **Flooring and Furnishings Description** | | | | | | | | | | | | |
|  | |  | | |  | |  | | |  | | |
|  | **ASF** | | **Stations** | **ASF/Station** | | **Tiered** | | **FS** | **FT** | | **MT** | **TC** |
|  | | | | | | | | | | | | |
| **Existing:** | ### | | ## | ##/Station | |  | |  |  | |  |  |
| **Proposed:** | ### | | ## | ##/Station | |  | |  |  | |  |  |
| *FS = Fixed Seating FT = Fixed Tables MT = Movable Tables TC = Tablet Arm Chairs* | | | | | | | | | | | | |
| *Double-click on a checkbox to open the Check Box Form Field Options dialog box to change the state of the checkbox.* | | | | | | | | | | | | |

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| **Technology** | | | | | | | | | | | | |
|  |  | |  | | |  | | | |  | | | |
|  | | | | **Level 1** | **Level 2** | | **Level 3** | | **Level 3+** | | **AL** | **DL** |
| **Existing:** | | | |  |  | |  | |  | |  |  |
| **Proposed:** | | | |  |  | |  | |  | |  |  |
| *AL = Active Learning DL = Distance Learning* | | | | | | | | | | | | |
| *Double-click on a checkbox to open the Check Box Form Field Options dialog box to change the state of the checkbox.* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***Level 1:****Basic classroom containing chalkboard or markerboard; projection screen; overhead projector; lighting fixtures switched in groups; darkening shades; voice and data connections; podium, cart or lectern. These rooms are “portable ready” implying that any combination of portable equipment could be brought into the room.* | | ***Level 3:****Classrooms with all the features of Level 2 plus video/data projector and a teaching station with nearby access to controls for all A/V equipment, room lighting and room sound system. Wired network connectivity at each fixed seat or fixed table student station may be included in this category.* | | | | | | ***Active Learning Classroom:****Classrooms furnished and equipped with multiple computerized learning pods and a portable computerized teaching station that enables the instructor to electronically connect to any/all of the connected learning pods.* | | | | |
| ***Level 2:****Classroom with all the features of Level 1 plus traditional instructional technology, such as VCR, TV, sound system, DVD player, CD player, etc. Room lighting shall be appropriate for note-taking during video presentations.* | | ***Level 3+:****Classrooms with all the features of Level 3 plus a teaching station with an electronic touch screen for control of all A/V and room functions. Can also include digital recording capabilities to record lectures for selective viewing at a later time.* | | | | | | ***Distance Learning Level:****Classrooms equipped with a two-way video system to support distance education.* | | | | |

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| **Project Scope Consideration Checklist** | | | | | | **Yes** | | **No** |
|  | |  |  |  |  | |  | | |
| **1.** | **Will the building or area impacted by the project be occupied during construction? If yes, explain how the occupants will be accommodated during construction.** | | | | |  | |  |
|  | *All project work will be coordinated through campus physical plant staff to minimize disruptions to daily operations and activities.* | | | | | | | |
| **2.** | **Is this project request an extension of another authorized project? If so, provide the project #...** | | | | |  | |  |
|  | *X* | | | | | | | |
| **3.** | **Are hazardous materials involved? If yes, what materials are involved and how will they be handled?** | | | | |  | |  |
|  | *Required hazardous materials abatement [ENTER TYPES AND QUANTITIES OF MATERIALS HERE] has been included in the estimated project schedule and project budget.* ***- OR -*** *Hazardous materials abatement is not anticipated on this project.* | | | | | | | |
| **4.** | **Will the project impact the utility systems in the building and cause disruptions? If yes, to what extent?** | | | | |  | |  |
|  | *X* | | | | | | | |
| **5.** | **Will the project impact the heating plant, primary electrical system, or utility capacities supplying the building? If yes, to what extent?** | | | | |  | |  |
|  | *X* | | | | | | | |
| **6.** | **Are other projects or work occurring within this project’s work area? If yes, provide the project # and/or description of the other work in the project scope.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **7.** | **Have you identified the WEPA designation of the project, Type I, Type II, Type III?** | | | | |  | |  |
|  | *Type I or II or III.* | | | | | | | |
| **8.** | **Is the facility listed on a historic register (*federal or state*), or is the facility listed by the Wisconsin Historical Society as a building of potential historic significance? If yes, describe here.** | | | | |  | |  |
|  | *[ENTER BUILDING NAME(S) HERE] is/are listed by the Wisconsin Historical Society as (a) building(s) of historical significance.* | | | | | | | |
| **9.** | **Are other studies, testing or investigations required to confirm the scope or existing conditions? If yes, describe here.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **10.** | **Will the construction work be limited to a particular season or window of opportunity? If yes, explain the limitations and provide proposed resolution.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **11.** | **Will the project improve, decrease, or increase the function and costs of facilities operational and maintenance budget and the work load? If yes, to what extent?** | | | | |  | |  |
|  | *X* | | | | | | | |
| **12.** | **Are there known code or health and safety concerns? If yes, identify and indicate if the correction or compliance measure was included in the budget estimate, or indicate plans for correcting the work.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **13.** | **Are there potential energy or water usage reduction grants, rebates or incentives for which the project may qualify (*i.e. Focus on Energy <http://www.focusonenergy.com/> or the local utility provider*)? If yes, describe here.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **14.** | **If this an energy project, indicate and describe the simple payback on state funding sources in years and the expected energy reduction here.** | | | | |  | |  |
|  | *The implementation of the energy conservation opportunities identified in this request will result in an anticipated annual energy cost savings of approximately $###,### with a simple payback of approximately ##.# years. This is below the state energy fund simple payback requirement of 16 years or a 20-year payback with repayment at a 5.25% bond rate and a 3% inflation rate.* | | | | | | | |

*For each of the responses below, where appropriate, please cite document title, date of publication, and specific page numbers and/or ranges where further detail can be reviewed if needed for each supporting document referenced by the author. It is the author’s responsibility to summarize the most pertinent and salient arguments and details from campus master plans, feasibility studies, pre-design documents/reports, etc. in the responses crafted below. The responses below are not intended to be complete regurgitations of those lengthy document references and source material, nor text simply copied and pasted into the response field from those lengthy documents. The author is expected to summarize, in their own words, the best case and justification possible from the institution’s point of view in the responses below.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Capital Project Prerequisite Considerations** | | | | | | **Yes** | | **No** |
|  | |  |  |  |  | |  | | |
| **A.** | **EVIDENCE OF PLANNING: Has this proposed intent and basic scope been previously identified in a master plan, capital plan, or other planning document (*facility condition assessment, pre-design/feasibility study, space use study, project priority & sequence chart, etc.*)? If yes,** **please summarize the most pertinent details.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **B.** | **INSTITUTIONAL READINESS: Does the institution have the ability and capacity to execute and manage the proposed scope of work within the context of the proposed six-year capital plan and in or by the proposed biennium of work? Has a professional consultant developed a feasibility study and/or pre-design for the proposed project? Has temporary surge space been identified and a temporary relocation plan developed? If yes, please summarize the most pertinent details.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **C.** | **INFRASTRUCTURE IMPACT: Have site and utility infrastructure impacts for this proposed scope of work been assessed, and have the other projects necessary to support this proposed scope of work been requested or implemented in time to support this request? If yes, please summarize the most pertinent details.** | | | | |  | |  |
|  | *X* | | | | | | | |

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| **D.** | **FINANCIAL CAPACITY and PLAN: Have (a) transferred the majority (75% or more per project) of required cash for active/open capital projects into the established project accounts and (b) demonstrated adequate cash resources and outlay for the proposed capital plan within the context of current budget and funding limitations and active project workload?** |  |  |
|  | *X* | | |
| **E.** | **DESIGN and CONSTRUCTION PROGRESS: Have demonstrated (a) regular and persistent design and construction progress for all active/open capital projects; (b) current and realistic projects schedules from design teams for all active/open capital projects; and (c) proposed capital plan workload within the context of current workforce limitations and active/open project workload.** |  |  |
|  | *X* | | |
| **F.** | **EXECUTING PAST ENUMERATIONS: Have (a) demonstrated active pursuit and/or attainment of construction authority for all active/open enumerations and (b) current project schedules and Bid Dates from design teams that are not more than one year later than the published enumeration schedule.** |  |  |
|  | *X* | | |
| **G.** | **DEGREE and PROGRAM SUPPORT: Have demonstrated realistic plan to achieve and supply adequate facilities for all new programs established within the (a) current biennium, (b) previous biennium, and (c) next two biennia within the context of the current budget and workforce limitations and active/open capital project workload.** |  |  |
|  | *X* | | |

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| **Capital Plan Considerations** | | | | | | **Yes** | | **No** |
|  | |  |  |  |  | |  | | |
| **18.** | **INSTITUTION PRIORITY: Is this project the institution’s highest priority Major Capital Project Request for the currently proposed six-year capital plan? If yes, please summarize and explain why.** | | | | |  | |  |
|  | *X* | | | | | | | |
| **19.** | **PROJECT SEQUENCE: Must this proposed scope of work be completed prior to other sequential projects identified in the proposed six-year capital plan? If yes, please summarize the most pertinent details and explain why.** | | | | |  | |  |
|  | *X* | | | | | | | |

*For each of the responses below, if the nature of the proposed scope of work does not qualify or logically apply itself to the question posed, please simply reply “****Does Not Apply****.”.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physical Development** **Impacts** | | | | | |  | |  |
|  | |  |  |  |  | |  | | |
| **20.** | **CODES, STANDARDS, HEALTH & SAFETY: Describe how the existing vs. proposed facility relates to and resolves demonstrated and documented (a) building code citations, conflicts, or retroactive enforcements; (b) program space physical development and environment standards; and/or (c) health, safety, or protection of the physical and natural environment.** | | | | | | | |
|  | *X* | | | | | | | |
| **21.** | **CAPITAL MAINTENANCE ELIMINATION or DEFERRAL: Describe how this project will eliminate or defer current or projected future capital maintenance through demolition of space that is deteriorated, obsolete, or unsuitable for reuse.** **Please describe the type and quantities of maintenance addressed by the proposed scope of work. Please also include the data and analysis by space type for the ratio of proposed space to be demolished vs. new construction and/or replacement space.** | | | | | | | |
|  | *X* | | | | | | | |
| **22.** | **CAPITAL RENEWAL: Describe what type(s) and to what degree(s) existing space will be renovated. Please describe the type and quantities of maintenance addressed by the proposed scope of work. Please also include the comparison budget estimate figures ($/GSF) for renovated vs. new or replacement program space.** | | | | | | | |
|  | *X* | | | | | | | |
| **23.** | **FACILITY REUSE and NET NEW SQUARE FOOTAGE: Describe what quantity and type(s) of existing space will be renovated. Please include the comparison space type data and analysis of renovated space vs. new or replacement program space. If this project includes new or replacement program space, please justify that space based on one or more of the following criteria: (a) facility standards and compliance; (b) academic program and/or overall enrollment growth; (c) revenue-based initiatives; (d) effective use of capital and operating resources;** **(e) facility resource quality, features, and performance; and/or (f) central plant and utility expansion of services.** | | | | | | | |
|  | *X* | | | | | | | |

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| **Programmatic Impacts** | | | | | |  | |  |
|  | |  |  |  |  | |  | | |
| **24.** | **OPERATIONS and OPERATING BUDGET IMPACT: Describe how consolidation, reorganization, and/or relocation of the existing vs. proposed program space will impact (a) operational efficiency, staffing requirements, accreditation, and/or certification; (b) operating budget estimates, plans, projections, savings, and/or reallocations; and (c) recruitment, retention, and training of faculty, staff, and students. Please also include the pertinent program, data, and budget analysis in your response.** | | | | | | | |
|  | *X* | | | | | | | |
| **25.** | **SPACE QUALITY, PERFORMANCE, and SUITABILITY: Describe how the overall quality, performance, and suitability of the existing vs. proposed space impacts the institution’s mission, student graduation rate, and intended program delivery and development. Please include the pertinent functional and technological requirements, spatial configurations, and adjacencies in your response.** | | | | | | | |
|  | *X* | | | | | | | |
| **26.** | **SPACE QUANTITY, AVAILABILITY, and CAPACITY: Describe how the overall quantity, availability, and capacity of existing vs. proposed program space impacts** **the institution’s mission, student graduation rate, and intended program delivery and development. Please include pertinent program and data analysis in your response.** | | | | | | | |
|  | *X* | | | | | | | |
| **27.** | **SPACE UTILIZATION: Describe how the overall utilization of the existing vs. proposed program space impacts the institution’s mission, student graduation rate, and intended program delivery and development. Please include the pertinent details related to (a) surplus, surge, and/or underutilized space; (b) overprescribed and/or utilization rates above space type standards; and/or (c) projected space use for new program space that does not currently exist.** | | | | | | | |
|  | *X* | | | | | | | |