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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | Local Capital Expenditure Request Authority | | | | | | | | |
|  |  | |  | | | | | | |  | | |  | |
| College: | |  | | | | | | | | **Date:** | | |  | |
| Contact: | |  | | | | | | | | **Phone No.:** | | |  | |
|  | | | | | | | | | | | | | | |
| **PROJECT** | | | | | | | | | | | | | | |
| **Project Title:** | | | |  | | | | | | | | | | |
| **Project description (short):** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Benefits project will produce:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Specific points or questions the Board should consider (select applicable):** | | | | | | | | | | | | | | |
| Consistent with the State Board’s direction to…   1. Choose an item. 2. Choose an item.   Other: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **BACKGROUND** | | | | | | | | | | | | | | |
| **Is it part of another project?** | | | | | | | | **Yes**  **No** | | | | **Project #:** | | |
| **Has it been discussed at prior Board meetings?** | | | | | | | | **Yes**  **No** | | | | **Resolution #:** | | |
| **Does it have associated legislation?** | | | | | | | | **Yes**  **No** | | | | **Bill/RCW #:** | | |
|  | | | | | | | | | | | | | | |
| **COSTS** | | | | | | | | | | | **FUNDING\*\*** | | | |
|  | | | | | **This Request** | | **Total Project** | | | | **Fund Code** | | | **This Request** |
| Acquisition\* | | | | |  | |  | | | |  | | |  |
| Consultant Svcs. | | | | |  | |  | | | |  | | |  |
| Construction Contracts | | | | |  | |  | | | |  | | |  |
| Equipment | | | | |  | |  | | | |  | | |  |
| Artwork | | | | |  | |  | | | |  | | |  |
| Other Costs | | | | |  | |  | | | |  | | |  |
| Project Management | | | | |  | |  | | | |  | | |  |
| DES Project Management | | | | |  | |  | | | |  | | |  |
| **Total Cost (C1)** | | | | | **$** | | **$** | | | | **Total Funding** | | | **$** |
| \* Attach [Form and Criteria for Evaluating](https://www.sbctc.edu/resources/documents/colleges-staff/programs-services/capital-budget/policy-resources/property-acquisition-evaluation-form-criteria-final-6-5-23.pdf) | | | | | | | | | | | \*\* Where expenses will be paid from. | | | |
|  | | | | | | | | | | | | | | |
| **APPROVAL** | | | | | | | | | | | | | | |
| **Local Board or Designee Approved?** **Yes**  **No** | | | | | | | | | **Date approved:**       **Who?** | | | | | |
| *Please attach applicable materials (ie: drawings, photos, appendices, etc.)* | | | | | | | | | | | | | | |