

**CENTRAL WASHINGTON UNIVERSITY
CAPITAL PROJECT JUSTIFICATION FORM**

1. PROJECT INFORMATION

TITLE: _____

REQUESTOR: _____
(Please include name, phone # and department)

DEAN/PBA SIGNATURE: _____

2. PROJECT JUSTIFICATION

- a) Define problem,
- b) Describe the reason for the project, and
- c) Proposed solution - include special equipment and furnishings, if applicable.

3. FUNCTIONS OF ADDITION OR REMODEL

Existing Facility Functions:

Revised Facility Functions:

4. AFFECT ON OTHER FUNCTIONS:

Functions to be temporarily relocated due to project:

Functions to be permanently displaced or eliminated due to project:

5. REQUIRED TIME LINE & PHASING:**6. PROJECT ESTIMATE:**

If available, attach pricing (equipment, furnishings, etc.) to expedite the final cost estimate.

7. VP APPROVAL (Signature): _____