COLLEGE OF THE HOLY CROSS
PRELIMINARY CAPITAL REQUEST
CABINET SUBMISSION

Date: ________________

Description of Request: ____________________________________________

Building: _________________ Room: _____________________________

Requestor: ___________________ Department: _______________________

Authorized By: __________________________

Detailed Description of Work:

_________________________________________________________________

_________________________________________________________________

Physical Plant Cost Range $ __________ to $ __________

Project will require design by Architect/Engineer: __________

Source of Funds: Donor: ______ Amount: ________ Capital Improvement Fund: ______

<table>
<thead>
<tr>
<th>Physical Plant Project Review</th>
<th>YES*</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Additional Consultant Services Are Required for Accurate Cost Estimate and Code Review.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Project will/may negatively impact other departments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Additional costs will be incurred by the college through another funding source for equipment, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Additional operational costs will be required to service the change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Building systems may be negatively impacted by the change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Future modifications/costs may be necessary as a result of this project.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The project is significantly outside the original design intent of the space/asset.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* All items answered as yes are described on the attached sheet.

Cost estimate for consultant services if item #1 is yes: $ ________________

Attachments:

____ PCRM Request Form ______ Request Letter ______ Project Review Explanation
COLLEGE OF THE HOLY CROSS
PRELIMINARY CAPITAL REQUEST
CABINET SUBMISSION

Date:

Description of Request:

1. Additional Consultant Services Are Required for Accurate Cost Estimate and Code Review.
   a.
2. Project will/may negatively impact other departments.
   a.
3. Additional costs will be incurred by the college through another funding source for equipment, etc.
   a.
4. Additional operational costs will be required to service the change.
   a.
5. Building systems may be negatively impacted by the change.
   a.
6. Future modifications/costs may be necessary as a result of this project.
   a.
7. The project is significantly outside the original design intent of the space/asset.
   a.