

Constitutional Project Request Form (CPR Form)

Contact Information

Constitutional:

Date:

Requester Name:

Email:

Title:

Phone:

Facility Information

Building Name and Address:

Floors Impacted:

Department(s):

Project Information

Describe the Project (expansion, major remodel, new facility, relocation):

Max 500 characters

Business case and projected outcomes (describe why the project is needed and what you hope to achieve):

Max 500 characters

Describe potential impacts if project is not done:

Max 500 characters

Timing & Funding

In what fiscal year(s) is this project planned?

What funding source will be used for this project?

Will grant money be used towards this project and what type?

Project budget (if known):

Approvals

Constitutional Representative

Print Name:

Date:

Signature

Facilities Director

Print Name:

Date:

Signature

County Administration

Print Name:

Date:

Signature