



SPMC Application Form

for Projects Seeking Approval:

- For Construction and Renovations (not exceeding \$5,000,000)
- For Change of Space Allocation (irrespective of cost)
- For Use of Public Space

Projects in excess of \$5,000,000 require a Project Report and CaPS application.

Projects submitted to SPMC must include a standard Total Project Cost [TPC] estimate prepared by Facilities Management & Planning or Capital Projects.

A PROJECT INFORMATION (to be completed by the primary contact person for the academic or administrative unit involved)			
Building:		Room Number(s):	
Primary Contact Person:		Phone #:	e-mail address:
Funding Sources: Account Numbers: Amount: Details:			
Purpose of this Project: Scope of Work including change of use (if any). Please describe new activities: see attached			
Risk and Impact Analysis: <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Surrounding areas <input type="checkbox"/> Other			
Requested Completion Date (dd/mm/yyyy):			
Is the space identified in the proposed project currently part of the department's allocation? <input type="checkbox"/> Yes <input type="checkbox"/> No -> if not, please explain:			

B	TOTAL PROJECT COST ESTIMATE / OPERATING COSTS
	<p>The cost for the above project is estimated to be based on the information provided. Date of Estimate (dd/mm/yyyy):</p> <p>Will the project result in increased operating costs for the space? <input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, \$ / sq.m.</p>
C	REQUEST AUTHORIZATION (to be completed by Department Chair, Director, Chief Librarian, Registrar or Dean of Student Affairs)
	<p>I have reviewed the above request and have confirmed that the proposal is consistent with divisional and/or departmental plans.</p> <p>Name (print):</p> <p>Signature: Position:</p> <p>Date (dd/mm/yyyy):</p>
D	FINAL REQUEST AUTHORIZATION (to be completed by the Academic Dean, CAO, or Principal as per reporting structure)
	<p>I have reviewed the above request and have confirmed that the proposal is consistent with divisional and/or departmental plans. I acknowledge that any project tendered at a cost exceeding the above pre-design estimate will not proceed unless my division provides and/or SPMC approves additional funding to meet the costs in excess of that sum:</p> <p>Name (print):</p> <p>Signature: Position:</p> <p>Date (dd/mm/yyyy):</p>
E	SPMC DECISION (to be completed by the Chair or co-chair of SPMC)
	<p><input type="checkbox"/> Request approved as presented. <input type="checkbox"/> Request denied: please see attached letter for explanation. <input type="checkbox"/> Incremental operating cost to be paid by Division or Department</p> <p>Signature:</p> <p>Date (dd/mm/yyyy):</p>