|  |  |
| --- | --- |
|  | 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?**       **Signature**       |
| *Please attach applicable materials (ie: drawings, photos, appendices, etc.)* |