***PRELIMINARY ADMINISTRATIVE APPROVAL***

**Name of Project: Project Name**

**Project Type: New Construction, Deferred Maintenance & Renewal, Renewal & Repair, Alteration & Improvement** (select the appropriate one(s))

**Project Number: ########**

**Location of Project: University, Campus, Building Name and Number, City**

**Date of Request: Month, day, year**

**Total Project Cost:** **$** *(amount)*

**Approval Required:** **President**

In accordance with Regent’s Policy 5.12.071 a Preliminary Administrative Approval (PAA) is required for all Capital Projects with a Total Project Cost in excess of $2,000,000.

PAA represents provisional approval of a project subject to further review and analysis of the programmatic need, budget and other factors. It also represents authorization to plan the project through the facility needs analysis, programming and scoping, including development of a project agreement. PAA is a prerequisite for inclusion in the Long Range Capital Plan unless otherwise approved by the board. Requests for PAA should include the programmatic analysis and need statement addressed by the project, a preliminary description of the project scope, the estimated total project cost, the proposed cost and funding sources for the next phase of the project and for eventual completion of the project, the estimated operating cost impact, other cost considerations, and proposed schedule for completion.

Action Requested

**Approval to contract for services to develop the project documents through Formal Project Approval.**

Project Abstract

*Provide a short summary (two to three sentences) of what work this project will accomplish.*

RATIONALE AND REASONING

Background

*Provide a brief but concise background extracted from the approved MAA and SON documents, as appropriate, that provides the basis for this project. Briefly explain what circumstances lead to the determination that this project was needed and why it needs to be done now.*

Programmatic Need

*Insert text to describe the programs that will be impacted by this project, how they will be enhanced, and describe any other benefits resulting from this project.*

*For projects is support of Academic, Research, and/or Student Support Missions:*

*Utilizing the completed Program Action Request (PAR), the Mission Area Analysis (MAA) and the Statement of Need (SON) to outline how this project will meet the needs and align with the program with the University mission as stated in the Strategic Plan and Shaping Alaska’s Future (SAF) effect statement.*

*For projects that renovate and repurpose facilities and infrastructure:*

*Facilities should prepare a brief MAA and SON or should provide sufficient detail in this section to cover the details usually provided to show how a project supports the University mission and outcomes contained in SAF.*

Project Scope

*Insert text that provides a concise abstract describing the expected full scope of the project including all expected impacts beyond this immediate project*.

Estimated Total Project Cost and funding Sources

*(list each funding source for this work and expected funding sources for the project work and if funding will be over multiple years.) (For recharge centers, explain if this will be funded entirely by them or if and why this should be funded by operational and/or capital funding sources.)*

Funding Title Fund Account Projected Estimate

FY## Operating Budget 444333-33311 $000,000

FY## Program Funding 777666-55544 $000,000

**Initial Project Development Cost** (if funded from outside of the project funding) **$0,000,000**

FY## Capital appropriation TBD $000,000

FY## DM Funding TBD $000,000

FY## DM Funding (Future Request) TBD $000,000

**Total Project Cost $0,000,000**

Annual Program and Facility Cost (Change)Projections *(list all that are appropriate)*

Program Costs *(taken from PAR for academics)* Amount

Salaries and benefits for new program Staff and Faculty $000,000

Program Operational Costs $000,000

Total Annual Program Cost Increase (Change) $000,000

Facilities Costs:

Maintenance & Repair *(1.5% of Total Project Cost)* $000,000

Operations *(based on total cost/sqft for admin, grounds & landscaping, utilities, custodial)* $000,000

Annual O&M Cost (Change) $000,000

Annual Renewal and Replacement *(based on the R&R Formula)(For New Construction)* $000,000

**Total Annual Cost** (Change) **Projections $0,000,000**

Proposed Project Schedule *(Provide if known or list as TBD if current funding or scope prevents inclusion)*

DESIGN

Conceptual Design Development Month year - Month year

Formal Project Approval *(target date)* Month year

CONSTRUCTION

Start of Construction Month year

Occupancy Month year

Project Impacts

*Will there be vacated space as a result of this project that needs to be renovated and/or reallocated? Will there be an impact to ongoing operations (both within and outside of the project program), how will those be handled? How will delays in funding or approvals and/or denial of the project impact the program and university? Will the project need to be phased? Describe investments already made in support of this project. Describe any subsequent investments that will need to be made.*

Supporting Documents

Program Action Request Form (PAR) (Academic approvals only)

Mission Area Analysis *(This may be covered in the Programmatic Needs section for R&R projects)*

Statement of Need *(This may be covered in the Programmatic Needs section for R&R projects)*

Approvals

The level of approval required for PAA shall be based upon the estimated TPC as follows:

* **TPC > $2.0 million will require approval by the University President.**

Recommend Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Michelle Rizk, Chief Strategy, Planning and Budget Officer Date

Preliminary Administrative Approval is hereby granted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

James Johnsen, President Date

This Approval is subject to the following provisions: