



Capital Project Application

Complete one application for each project.

District/College: _____

District #: _____
5 Digit Code (e.g., 50101)

ICCB Project # Identifier: _____
District #, type (NC, R, SP, U, SI or DF), Fiscal Year – District Ranking # (e.g., 500-01NC2021-1)

Project Type: _____
(New Construction, Remodel, Site Purchase, Utilities, Site Improvement and Deferred Maintenance)

Project Title: _____

District Project Rank # (1 of 3): _____
(Top 3 receive full prioritization points, 4 and beyond are reduced progressively)

Estimated Local Funds: _____
(25% minimum)

Estimated State Funds: _____

Estimated Total Funds:

Budget Detail

BLDGS, ADDITIONS, AND/OR STRUCTURES: _____

LAND: _____

EQUIPMENT: _____

UTILITIES: _____

REMODELING & REHABILITATION: _____

SITE IMPROVEMENTS: _____

PLANNING: _____

Other: _____

TOTAL Funds Requested:

Project Scope:

A large, empty rectangular box with a thin black border, intended for the user to provide details about the project scope. The box occupies most of the page area below the section header.

Project Justification:

If project includes **Missing Core Campus Components** 1501.603 h)2); **Program Considerations** 1501.603 h)1); **Prior ICCB or State obligations** 1501.603 h)6) or **Structural Considerations** 1501.603 h)7), then please use this space for justification as this will greatly affect priority status.

[Empty box for project justification]

Additional Documentation Required Prior to Funding (this will be required before funding is released):

- For New Construction please see requirements referenced in Administrative Rules section 1501.603 b).
- For Remodel and Rehab please see requirements referenced in Administrative Rules section 1501.603 c).
- For Secondary Site Purchase please see requirements referenced in Administrative Rules section 1501.603 d).

Do project criteria meet Section 1501.603 a) of ICCB Administrative Rules?

Yes No

Does this project have the approval of your local governing board?

Yes No **Date of Board Meeting:** _____

District Contact Name: _____

District Contact Email Address: _____

District Contact Phone Number: _____

Signature _____ *Date* _____