The University of Mississippi

Capital Project Initiation Form

Please answer all of the questions on this form, attach additional pages as necessary, complete the signature block, and send the entire packet to the Vice Chancellor for Administration and Finance.

Describe Project / Program and Identify Funding Source				
Building Name	Project Title			
Contact	Department	Phon	e Number Email	
Account Number	_	Account Name		
Explain why this project is necessary. (Use additional pages as necessary)				
Define the scope of the project. Tell us everything you hope to accomplish as well as expected consequences if project is not approved. (Use additional pages as necessary)				
Describe how the project fits into the campus master plan. (Use additional pages as necessary)				
Describe how the project fits into the campus strategic plan. (Use additional pages as necessary)				
Identify possible funding sources. (Use additional pages as necessary)				
Define the anticipated space required and explain any functional deficiencies of existing space. (Use additional pages as necessary)				
Departmental Approval				
Department Chair/Director's	s Name	Chair/Director's Signatur	e	Date
College/School Approval				
Dean/AVC's Name		Dean/AVC's Signature		Date
Provost/Vice Chancellor's Approval				
Provost/Vice Chancellor		Provost/Vice Chancellor's	s Signature	Date
Senior Leadership Group Use Only				
Approve for Additional Planning:				
Reject:				