FHS022 – Application Form for Major CAPEX Projects

(First Phase – Preliminary Request)

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| Application details |
| Department and division/Institute |  |
| Project name e.g. Cryo facility, or OMB E51/52 |  |
| Applicant name |  |
| Date of Phase 1 application |  |
| Contact telephone number  |  |
| Email |  |
| Primary owner of space (i.e. UCT, DOH, GSH, other) |  |
| Physical location of space (Building, level, room number) |  |
| Can/will this space be shared by others?  |  | Yes |  | No |
| New application for funding from UCT? |  | Yes |  | No |
| Will external funding contribution be provided? |  | Yes |  | No |
| Other: please specify, e.g. bridging request, shortfall, etc) |  |
| Signature of HOD\* |  |
| Full name of HOD |  |

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| Rationale for application |
| Please provide a motivation of up to 500 words for the proposed new space. Please consult Space Priority Mapping Procedure (*version August 2013*) and include number and details of staff members. |
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| Comments Please comment on the following aspects |
| Ranking | Criteria | Comment |
| 1 | Health and safety risks |  |
| 2 | Facilitates teaching |  |
| 3 | Facilitates research |  |
| 4 | Minimal space requirements not fulfilled (See guide) |  |
| 5 | Application submitted previously |  |
| 6 | New staff member and space conversion |  |
| 7 | Facilitates growth of Division |  |
| 8 | Security requirements |  |

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| Additional items |
| Sketch drawing of new space layout/requirement attached |  | Yes |  | No |
| Budget estimate attached |  | Yes |  | No |
| Amount requested |  |
| External funding: amount and details  |  |