

JOINT CAPITAL OUTLAY SUBCOMMITTEE
PROJECT DATA SHEET
USE AND FINANCE STATEMENT

Date: _____

Agency/Institution: _____

Project Title: _____

New Project: Select Yes or No. (If revised, Date _____ of original Subcommittee approval)

Contact Person/Phone Number: _____

Professional Consultant(s)/Phone Number: _____

General Project Description (use as much space as needed): _____

Estimated Cost of:

- | | | |
|--|----|-------|
| 1. The structure (general, mechanical, electrical, fixed equipment) | \$ | _____ |
| 2. Architectural/Engineering fees, surveys, site investigations, etc | \$ | _____ |
| 3. Services from five feet outside of the structure (sewers, utilities, water supply, etc.)..... | \$ | _____ |
| 4. Site improvements (roads, walks, grading, etc.) | \$ | _____ |
| 5. Telecommunications | \$ | _____ |
| 6. Furnishings (furniture, movable equipment, etc.; not considered a part of the structure nor requiring fixed mechanical and/or electrical services)..... | \$ | _____ |
| 7. Other (i.e., <i>asbestos abatement</i>) | \$ | _____ |
| 8. Design, construction, and bidding contingencies (_____%)..... | \$ | _____ |
| 9. Total estimated project cost..... | \$ | _____ |

Total project cost per gross sq. ft. (1 thru 8 = 9 ÷ gross sq. ft.) \$_____ /gross sq. ft.

Total gross square feet _____

Total net square feet _____

Source(s) of Financing:

University/College Funds (please specify)

_____ \$ _____ %

State of Michigan Funds (please specify)

_____ \$ _____ %

Federal Funds (please specify)

_____ \$ _____ %

Private Funds (please specify)

_____ \$ _____ %

Student Fees/Tuition (please indicate if the source is new or existing)

_____ \$ _____ %

Other Funds (please specify)

_____ \$ _____ %

TOTAL

\$ _____

Estimated Annual Operating Costs:

Year 1\$ _____

Annually thereafter\$ _____

Operating Source(s) of Financing (please specify)

Impact of project financing on tuition (construction, site development, and operations)

Furnish an 8 1/2" x 11" campus map indicating the location of the project and describe its relationship to the long range development plan.

Estimated Completion Date: Month: Select from list. Year: Select from list.

NOTE: This form must be submitted to the State for all Use and Finance Statement projects pursuant to annual appropriation act requirements.