

**New Jersey City University
Capital Request Form**

Capital Purchase or Project Request Date: _____

Requestor Name: _____

Department Name: _____

Cost Estimate: _____

Desired Start Date: _____

Desired Completion Date: _____

Describe the capital purchase or project scope in detail (include building, floor, and room #, if capital project):

Describe how this capital purchase or project aligns with the University's strategic plan. Reference specific plan goals and objectives of the plan:

Will this capital purchase or project impact the University's operating budget or individual department budget? If so, how?

Does this capital purchase or project present a revenue generating opportunity for the University? If so, how?

Is this capital purchase or project related to a health, safety, and compliance priority? If so, how?

Will this capital purchase or project be funded via a grant, individual department budget or other funding source? Please elaborate.

Chairperson Signature, if applicable: _____ Date: _____

Dean/Director Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

(Divisional VP supports the initiatives outlined in this request)

Note: Forward to Facilities or IT for cost estimate validation.