##### Date

To/Via: ***Dr. John M. Zerwas***

Executive Vice Chancellor for HealthAffairs

##### AND/ (if medical related project for Academic Institution)

##### OR (for Academic Institutions/projects)

To/Via: ***Dr. Archie Holmes***

Executive Vice Chancellor for Academic Affairs

Via: Mr. Stephen Harris

Assistant Vice Chancellor for Capital Projects

From: ***(name)***

President

Re: Request for Addition to the CIP for the ***(project name)*** Project

I request that an item be placed on the agenda for the ***[month year]*** Board of Regents’ Meeting for an addition to the current Capital Improvement Program allowing The University of Texas at ***[Institution]*** to add a project entitled **Project Name**. The Definition Phase of the project is complete, including the Owner’s Project Requirements, confirmation of the Basis of Design, development of the formal Facility Program, and development of schematic project plans including reconciliation of a detailed cost estimate.

***Include a brief description of the project.***

***Include a statement confirming the project supports the institution’s Strategic Plan and conforms to the current, approved Campus Master Plan.***

***Identify the institutional Project Advocate and provide specific justification for the assignment.***

***Confirm your institution’s commitment to comply with the UT System HUB Policy 137 and other State HUB contracting and procurement goals.***

The estimated total project cost of $0,000,000 will be funded from (***Designated Funding Source. If RFS, include source of funds for the Funding Source***.) (***For new construction***) The project will return to the Board of Regents for approval of Design Development upon completion of this phase. (**Or *For Repair & Rehabilitation***) This project is designated as Repair & Rehabilitation (R&R) project and is not architecturally nor historically significant, therefore will seek approval from President ***(President’s name)*** at a later date.

If you have any questions, please contact ***Project Advocate***. We appreciate your assistance with this request.

Approved:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Dr.* *Archie Holmes*** Date

Executive Vice Chancellor for Academic Affairs

***AND (if medical related project for Academic Institution)***

***OR (for Health Institutions/projects)***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Dr. John M. Zerwas*** Date

Executive Vice Chancellor for Health Affairs

xc: ***Project Advocate***

***Institution Representatives***

***Ms. Teresa Hall, Assistant Director for Capital Improvement Program Planning***