**BUSINESS PLAN**

**FOR**

***[DD APPROVAL] or [MODIFICATION]***

***[INSERT PROJECT NAME]***

****

**Submitted By**

***[INSERT INSTITUTION NAME]***

***[INSERT DATE]***

The following ***[INSERT CAMPUS NAME]*** administrators have reviewed and approved this Business Plan.

|  |
| --- |
| ***[INSERT NAME/TITLE]***, Project Advocate Date |
|  |
| ***[INSERT NAME]***, President Date |
|  |
| ***[INSERT NAME]***, Provost Date |
|  |
| ***[INSERT NAME]***, VP for Business Affairs Date |
|  |
| ***[INSERT NAME]***, Director of Facilities Date |
|  |
| ***[INSERT NAME/TITLE, AS APPROPRIATE]*** Date |

***[INSERT NAME/TITLE, AS APPROPRIATE]*** Date

In the event of questions related to this Business Plan, please contact the following individual:

***[INSERT NAME/TITLE]*** Project Advocate

***[INSERT EMAIL CONTACT INFORMATION]***

***[INSERT PHONE CONTACT INFORMATION]***

Distribution:

Executive Vice-Chancellor ***[ACADEMIC AFFAIRS/HEALTH AFFAIRS]***

Executive Vice-Chancellor – Business Affairs

Executive Director – Office of Real Estate

Assistant Vice Chancellor – Office of Capital Projects

Associate Vice Chancellor – Office of Finance

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***[INSERT OTHER SECTIONS, AS APPROPRIATE]***

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***[INSERT OTHER SECTIONS, AS APPROPRIATE]***

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***[INSERT OTHER SECTIONS, AS APPROPRIATE]***

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***[INSERT OTHER APPENDICES, AS APPROPRIATE]***