*Date:*

To: Mr. James B. Milliken

Chancellor

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

Executive Vice Chancellor for *Health* Affairs

*AND/OR*

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 Approval to Start the Definition Phase of the

*(project name)* Project

I request your approval for The University of Texas *(institution)* to start the Definition Phase of the *(project name)* project. Approval of this request will allow the expenditure of up to 5% of the Preliminary Project Cost to develop a project program and schematic design.

*Project Description, including THECB Capital Expenditure Plan (MP1) priority #*

*Project Justification*

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

*(name), (title)*, has been designated as Project Advocate for this project.  *Insert justification for this selection. Should be one person or team of up to three individuals.*

Based on the Preliminary Project Cost of *$xx,xxx,xxx*, approval of the Definition Phase will allow UT *Institution* to expend up to *$ (insert 5% of estimated TPC)* from institutional funds. The projected schedule is:

|  |  |
| --- | --- |
| Addition to CIP | *Month/Year* |
| Design Development Approval | *Month/Year* |
| Construction Notice to Proceed | *Month/Year* |
| Substantial Completion | *Month/Year* |

The anticipated source of project funding at Design Development approval is *Funding Source/s.*

Goals of the Definition Phase are as follows:

*Insert key outcomes of Definition Phase*

Your consideration of this request is greatly appreciated.

Sincerely,

*(name)*

President

xc: (*Institution personnel as required*)

Dr. Scott Kelley, EVC for Business Affairs

Ms. Teresa Hall, Asst. Director Capital Improvement Program Planning

Approved:

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

*Dr.* *Archie Holmes*  Date

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

*OR (for Health Institutions/projects)*

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

*Dr. John M. Zerwas* Date

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Mr. James B. Milliken Date