### Summary Information:

<table>
<thead>
<tr>
<th>Project Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor (School/Dept):</td>
<td></td>
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<tr>
<td>School Representative:</td>
<td></td>
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<tr>
<td>Capital Planner:</td>
<td></td>
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<tr>
<td>Project Manager:</td>
<td></td>
</tr>
<tr>
<td>Projected Timing:</td>
<td>Notes:</td>
</tr>
<tr>
<td>Estimated Cost:</td>
<td>$</td>
</tr>
<tr>
<td>Estimated Gross Sq Ft:</td>
<td>gsf</td>
</tr>
<tr>
<td>GUP Approval:</td>
<td>gsf</td>
</tr>
<tr>
<td>Capital Plan Status:</td>
<td></td>
</tr>
<tr>
<td>Project Category:</td>
<td></td>
</tr>
<tr>
<td>Project Description:</td>
<td>Include: program goals and objectives, program growth details, client details</td>
</tr>
</tbody>
</table>

#### Information Required:

- Initial Form 1 #:
  - Yes
  - N/A
- Space utilization study
  - Yes
  - N/A
- Backfill plan
  - Yes
  - N/A

#### Other Information:

- Project requires BOT approval
  - Yes
  - No
  - Notes:
- Project is part of a school/area master plan
  - Yes
  - No
  - Notes:
- Project involves Registrar’s classrooms
  - Yes
  - No
  - Notes:
- Project involves surge
  - Yes
  - No
  - Notes:
- Project requires a Space Guideline plan
  - Yes
  - No
  - Notes:
- Project involves furniture planning
  - Yes
  - No
  - Notes:
- Initial programming for this project has been completed
  - Yes
  - No
  - Notes:
- Preliminary plan has been completed (If yes, please attach)
  - Yes
  - No
  - Notes:
### Conditions of approval:
Include any special agreement or requirements for this project

#### Pending Issues:
List issues that need to be resolved, such as:
- Cost
- Square footage
- Site
- Program
- Space charge
- Utilities
- ITS
- Environment planning
- Land use permit or entitlement other than GUP
- Campus planning
- Strategic workplace planning, etc.

#### Next Steps:
Outline the options to be studied and the time frame for study

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Signature indicates that the above is the current agreed upon project scope. Any changes to the scope need to be reviewed/approved by signatory below.

__________________________  Date:______________________
SchoolDept Representative

__________________________  Date:______________________
Capital Planner

__________________________  Date:______________________
Project Manager

__________________________  Date:______________________
Provost office (if required)

Attendees at Scoping Meeting: ***please list***