## JOINT CAPITAL OUTLAY SUBCOMMITTEE PROJECT DATA SHEET USE AND FINANCE STATEMENT

Date:	
Agency/Institution:	
Project Title:	
New Project: Y or N (If revised, Date	of original Subcommittee approval)
Contact Person/Phone Number:	
Professional Consultant(s)/Phone Number:	
General Project Description (use as much space a	s needed):
Estimated Cost of:  1. The structure (general, mechanical, electrical, fix	ked equipment) \$
2. Architectural/Engineering fees, surveys, site inve	estigations, etc\$
3. Services from five feet outside of the structure (s supply, etc.)	
4. Site improvements (roads, walks, grading, etc.)	\$
5. Telecommunications	\$
6. Furnishings (furniture, movable equipment, etc.; requiring fixed mechanical and/or electrical service	
7. Other (i.e., asbestos abatement)	\$
8. Design, construction, and bidding contingencies	(%)\$
9. Total estimated project cost	\$
Total project cost per gross sq. ft. (1 thru 8 = 9	÷ gross sq. ft.) \$/gross sq. ft.
Total gross square feet	
Total net square feet	

University/College Funds (plea	ase specify)		
		\$	%
State of Michigan Funds (pleas	se specify)		
		\$	%
Federal Funds (please specify	)		
		\$	%
Private Funds (please specify)			
Student Fees/Tuition (please i		\$	%
Student Fees/Tuition (please i	ndicate if the source	e is new or existing	)
Other Frieds (alone an asif i)		\$	%
Other Funds (please specify)			
		\$	%
TOTAL		\$	
Estimated Annual Operating C	osts:		
Year 1	\$		
Annually thereafter	\$		
Operating Source(s) of	Financing (please s	specify)	
		<del></del>	
Impact of project financing on	tuition (construction	, site development	, and operations)
Furnish an 8 1/2" x 11" campu relationship to the long range o		e location of the pro	oject and describe its
Estimated Completion Date: M	lonth:Ye	ar:	
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Source(s) of Financing:

NOTE: This form must be submitted to the State for all Use and Finance Statement projects pursuant to annual appropriation act requirements and the Joint Capital Outlay Subcommittee Policies No. 2, 3, and/or 4.