During the review process, various stakeholders will be engaged by DCM and other senior executives to discuss the scope and requirements of the project. Project approval is not implied at this stage. The client will receive a Project Approval Letter when the project is fully approved for implementation.

### University of Toronto Scarborough
CDD Project Application Form
(One Project per Application Form)

**Step 1. Project Information, and Departmental Authorization**
(to be completed by the primary contact person for the academic or administrative unit)

<table>
<thead>
<tr>
<th>Academic Departments</th>
<th>Administrative Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Faculty/Graduate Offices/Research Office</td>
<td>□ Offices</td>
</tr>
<tr>
<td>□ Research Labs</td>
<td>□ Office Support</td>
</tr>
<tr>
<td>□ Teaching Labs</td>
<td>□ Ancillary</td>
</tr>
<tr>
<td>□ Classroom</td>
<td>□ Student Services</td>
</tr>
<tr>
<td>□ Offices/Support</td>
<td>□ Student Space</td>
</tr>
<tr>
<td></td>
<td>□ Common Space</td>
</tr>
<tr>
<td></td>
<td>□ Infrastructure</td>
</tr>
<tr>
<td></td>
<td>□ Others: ________________________</td>
</tr>
</tbody>
</table>

**Primary Contact Person (Client):**

Name: _____________________________
Department: ________________________
Phone #: __________________________
E-mail: ___________________________

**Has this been brought forward as a Health & Safety concern?**  □ Yes  □ No

If Yes, what are the concerns? (Attach the Health & Safety Report from the Department of Environmental Health & Safety if available)

**Purpose & Need for the Project:**

**Scope of Work & Detailed Description of Proposed Project:**
During the review process, various stakeholders will be engaged by DCM and other senior executives to discuss the scope and requirements of the project. Project approval is not implied at this stage. The client will receive a Project Approval Letter when the project is fully approved for implementation.

Proposed Funding Source(s):

Please identify funding sources already determined:

Department: __________________________ Account Number: __________________________ Amount $____________

Project Location:

Building: __________________________ Room No.(s): __________________________

Is the space for the proposed project currently part of the Department’s allocation? □ Yes □ No

If Yes, proceed to complete remaining sections. If No, complete a CDD Space Application Form, available on the CDD official website. The project application form cannot be processed until the Space Planning Committee has approved the Space Request.

Scheduling Requirements/Estimated Completion Date (please be specific):

Proposed Start Date: __________________ Proposed Completion Date: __________________

Provide details: ________________________________________________________________

Departmental Authorization:

Approved by: __________________________

Print Name & Title

Signature: __________________________ Date: __________________________

Academic Dept: □ Chair Administrative Dept: □ Director

Note: Please contact Design and Construction Management by e-mail at CDDProjects@utsc.utoronto.ca to set up a meeting with a Project Manager for a preliminary review of the project application to complete Step 2.
During the review process, various stakeholders will be engaged by DCM and other senior executives to discuss the scope and requirements of the project. Project approval is not implied at this stage. The client will receive a Project Approval Letter when the project is fully approved for implementation.