

**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)

**Academic Departments**

- Faculty/Graduate Offices/Research Office
- Research Labs
- Teaching Labs
- Classroom
- Offices/Support

**Administrative Departments**

- Offices  Office Support
- Ancillary**
- Student Services**
- Student Space**
- Common Space**
- Infrastructure**
- Others:** \_\_\_\_\_

**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](mailto: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.

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**Step 2. Preliminary Project Manager’s Review and Budget Estimates**

I have completed a preliminary review of the project requirements with the Client.

- Work Order
- If CDD project:
  - Verification of Space allocation

Project Manager’s notes:

Budget estimate: Low \$ \_\_\_\_\_ High \$ \_\_\_\_\_

Provided by: Project Manager \_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

**Step 3. Forward the CDD application to Financial Services, Capital Accounting, BV572**

Date received: \_\_\_\_\_

**Step 4: CDD Committee Review and Assessment**

Recommended to proceed to Step 5 by: \_\_\_\_\_ Date: \_\_\_\_\_  
CAO & Chair of CDD

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