**Capital Outlay Plan Year:** *(Year for which capital outlay plan is proposed)*

**Department:** *(Name of Department)*

**Business Unit:** *(Org Code)*

**Project Title:**

**Program Category:**

**Funding Source:** *(Fund Name and Code)*

**Impact on Support Budget:**

Swing Space Needed [ ]  Yes [ ]  No
Generate Surplus Property [ ]  Yes [ ]  No

Other [ ]  Yes [ ]  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2023-24** | **2024-25** | **2025-26** | **2026-27** |
| **Cost** | **$$$** | **$$$** | **$$$** | **$$$** |
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|  | **ASF/USF** | **GSF** |
| **New Construction** |  |  |
| **Reconstruction** |  |  |

**1. Summary of Proposal:**

**2. Problem Identification:**

**3. Alternative Solutions Considered:**

**4. Detailed Project Description/Recommended Solution:**

**5. Summary of Space Standards/Methodology:**

**6. Summary of Cost Methodology:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval:** | **Signature** | **Printed Name** | **Date** |
| **Preparer:** |  |  |  |
| **Budget Officer:** |  |  |  |
| **Department Director:** |  |  |  |
| **Agency Secretary:** |  |  |  |
|  |  |  |  |