



1. Project Information					
Approval Level:	< \$100K		> \$100K		> \$1,103K
CSU Type:	Capital Improvements	Non- Reoccurring Maint./Repairs	Lease	Equipment	Fiscal Year
Phase:	Planning	Design	Working Drawings	Construction	Group II Equipment
Category:	Existing Facility/ Infrastructure(I)		Growth Facility (II)		IT
	<u>Critical Deficiencies (IA)</u> Infrastructure (I/I) Energy Retrofit(E/R) Fire/ Life Safety(F/LS) ADA <u>Modernization/Renovation(IB)</u>				Network
					Telecom
					Systems
					Security
					Enterprise Applications
					Web
Date Requested:	Project ID Number:				
Project Title:					
Department Requestor:	Phone Number:				
Department Name:	Email Address:				
Original Scope			Scope Amendment		
2. Project Scope or Amendment to Original Scope					
<i>It is the responsibility of the project requestor to provide funding for all user originated scope amendments.</i>					
3. Project Estimate (unspent contingency (\$) will be reimbursed back to the department):					
Estimated Project Cost					
Fees and Contingency					
Budgeted Total Project Cost					
Approved Funding					
Revised Total Project Cost					
Requested Amount					

SFSU Project Charter



SAN FRANCISCO
STATE UNIVERSITY

4. Project Schedule (detailed schedule & organization see attached):

Tentative Start Date: _____ Project End Date: _____

5. Project Requestor Scope and Fund Request:

Funding Sources: (It is required for project requester and budget office)

Funding From:

Funding To 6270:

6. Project Charter Reviewed and Submitted By:

Project Manager

Print Name	Signature	Date
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7. Financial Review: Fiscal & Budget

Print Name	Signature	Date
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Print Name	Signature	Date
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Print Name	Signature	Date
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8. Charter Approval

Approving Official (Dean or MPP)

Print Name	Signature	Date
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Approving Official (AVP CPDC/ITS)

Print Name	Signature	Date
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Approving Official (> \$100K VP of A&F)

Print Name	Signature	Date
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President (> \$1,103K)

Print Name	Signature	Date
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