**SCIF Project Checklist**

This form is provided to aid individuals or groups who will submit grant requests for SCIF projects. This form is specifically designed so that a potential applicant can make sure that they have communicated with all university departments associated with the proposed project.

**Name of Applicant** ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Advisor ­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department** ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description:**

**Please check the box that applies to your project.**

Will the project require any sort of construction?

Yes □ No □

Will the project alter or change any landscaping?

Yes □ No □

Will the project have any of the following?

Temporary Structure/Equipment □ Permanent Structure/Equipment □ Neither □

Will the project involve the modification of building or site components?

Yes □ No □

Will the project involve altering or working with electrical or mechanical systems/components?

Yes □ No □

If yes, please explain:

Does the project generate fire and life safety issues?

Yes □ No □

Will the project require any special permits or permissions (e.g. IRB, one-time use, event permits)?

Yes □ No □

If yes, please explain:

Will the project involve any privacy, confidentiality or compliance issues?

Yes □ No □

Will the project need to use any Licensing, Trademark or Branding of the University of Utah or will the Final Product be patented?

Yes □ No □

Will the project involve vehicles, such as tractors, golf carts, lawn mowers, etc.?

Yes □ No □

Will the project involve bicycling, parking, or other transportation on campus?

Yes □ No □

Does the project involve the use of any potentially hazardous material(s)?

Yes □ No □

If yes, please explain:

**Signature**

By signing this document you recognize that you have answered all of these questions truthfully you the best of your knowledge, will obtain appropriate approvals, follow recommendations and assume responsibility for the project. Any collaboration with any of the corresponding departments must be verified by the accompanying Commitments of Collaboration document.

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Name Date

**List of potential contacts:**

Sue Pope – Open Space Facility Manager (for grounds)  
Department: Facility Management  
Phone: (801)581-5371 Email: [sue.pope@fm.utah.edu](mailto:sue.pope@fm.utah.edu)

Lisa McCarrel – Grounds Supervisor (for landscaping)  
Department: Landscape Maintenance  
Phone: (801)581-5357 Email: [lisa.mccarrel@fm.utah.edu](mailto:lisa.mccarrel@fm.utah.edu)

Alexandra Zimmerman – Bike Coordinator (for cycling and alternative transportation)  
Department: Commuter Services  
Phone: (801)581-4189 Email: [alexandra.zimmermann@utah.edu](mailto:alexandra.zimmermann@utah.edu)

Tami Cleveland – Planner/ Architecture Project Manager (for any structures)  
Department: Campus Planning  
Phone: (801)585-6750 Email: [tami.cleveland@fm.utah.edu](mailto:tami.cleveland@fm.utah.edu)

Stephanie Dolmat-Connell – FM Sustainability Manager (for facilities sustainability)  
Department: Facility Management  
Phone: (801)585-5048 Email: [stephanie.dolmat@fm.utah.edu](mailto:stephanie.dolmat@fm.utah.edu)

Richard Fairchild – Licensing Associate Director (for trademarks and branding)  
Department: Auxiliary Services  
Phone: (801)585-7784 Email: [richard.fairchild@utah.edu](mailto:richard.fairchild@utah.edu)

Joshua James – Waste Management Supervisor (for recycling)  
Department: Waste Management  
Phone: (801)581-5173 Email: [josh.james@fm.utah.edu](mailto:josh.james@fm.utah.edu)

Dave Titensor – Art Director (for any U affiliated visual communication)  
Department: Marketing & Communications  
Phone: (801)585-6464 Email: [dave.titensor@utah.edu](mailto:dave.titensor@utah.edu)

Jeff Wrigley – Energy Manager (for energy projects)  
Department: Energy Management  
Phone: (801)587-9556 Email: [jeff.wrigley@fm.utah.edu](mailto:jeff.wrigley@fm.utah.edu)

Sarah Boll – Construction Energy manager (for energy upgrades)  
Department: Energy Management   
Phone: (801)581-6772 Email: [sarah.boll@fm.utah.edu](mailto:sarah.boll@fm.utah.edu)

Dave Rees – Manager (for vehicle related projects)  
Department: Fleet Services  
Phone: (801)581-8155 Email: [dave.rees@fm.utah.edu](mailto:dave.rees@fm.utah.edu)

Matthew Tuttle – Risk Management Specialist (for any liability and risk issues)  
Department: Risk and Insurance Management  
Phone: (801)585-2386 Email: [matthew.tuttle@utah.edu](mailto:matthew.tuttle@utah.edu)

Russ Courville – Electric Shop Supervisor  
Department: Electric Shop  
Phone: (801)581-8291 Email: [russ.courville@fm.utah.edu](mailto:russ.courville@fm.utah.edu)

Dennis Denham – Electronics Shop Supervisor  
Department: Electronics Shop  
Phone: (801)581-8264 Email: [dennis.denham@fm.utah.edu](mailto:dennis.denham@fm.utah.edu)

Jim Staples – Plumbing Shop Supervisor  
Department: Plumbing Shop  
Phone: (801)581-8292 Email: [james.staples@fm.utah.edu](mailto:james.staples@fm.utah.edu)

Dale Hoskins – Metals & Machine Shop Supervisor  
Department: Metals & Machine Shop  
Phone: (801)581-8531 Email: [dale.hoskins@fm.utah.edu](mailto:dale.hoskins@fm.utah.edu)

John Palo – Carpenter Shop Supervisor  
Department: Carpenter & Roofing Shop  
Phone: (801)581-8275 Email: [john.palo@fm.utah.edu](mailto:john.palo@fm.utah.edu)

Bryan Romney – Building Code Official  
Department: Facilities Management  
Phone: (801)581-5953 Email: [bryan.romney@fm.utah.edu](mailto:bryan.romney@fm.utah.edu)

Liz Hill – Safety Program Manager   
Department: Environmental Health & Safety  
Phone: (801)587-7614 Email: [liz.hill@ehs.utah.edu](mailto:liz.hill@ehs.utah.edu)

Office of General Counsel (for legal approval)  
Phone: (801)585-7007