



Project Initiation Checklist

Requester Name:

Site Name:

Site Administrator:

Project Name:

| Background Completed by Requester |
|---|
| Background of the project: |
| Is the project required by a federal or state mandate, a legal concern or compliance issue? |
| Will the project impact core services/programs offered at the site? |
| Do other programs depend on the project? |
| Which strategic direction(s) does the project align with? |
| Which vision statement(s) does the project align with? |
| How does the project align with the core competencies and/or values of the district? |
| Will the project result in a return on investment? |
| Will political capital in terms of public perceptions/relations be gained or lost because of the project? |

Project Initiation Checklist

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|--|--------------------------|--------------------------|-----------------|
| If the project is not completed, will there be an increased risk to building occupants? | | | |
| Will completion of the project have a low or high impact and will it affect a low or high number of users? | | | |
| When does the project need to be completed by? | | | |
| | YES | NO | Comments |
| Is a licensed designer needed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does Asbestos need abatement? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the new plan meet ADA and egress issues? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Phones/ Data locations added or changed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Technology (Smart Boards, PA System, WIFI, Routers) affected? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is Fire Suppression/Detection affected or are there Fire Marshal concerns? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is HVAC affected? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Plumbing / Sanitary affected? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Electrical Power or Lighting affected? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wall / Floor or Ceiling patching be required? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Any special cleaning needs or will change in cleaning be required? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does insurance need to be upgraded or changed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does Furniture need to be purchased? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Estimated design and construction cost. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Completed by Reviewers | | | |
| Reviewer | Comments | | |
| | | | |
| | | | |

Required Approvals after form is complete:

_____ **Date:** _____
Requesting Site Administrator:

_____ **Date:** _____
Dir. Of Facilities:

_____ **Date:** _____
Exec. Dir. Of Finance & Operations:

_____ **Date:** _____
Superintendent: