



## 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

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?			
	<b>YES</b>	<b>NO</b>	<b>Comments</b>
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"/>	
<b>Completed by Reviewers</b>			
<b>Reviewer</b>	<b>Comments</b>		

**Required Approvals after form is complete:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Requesting Site Administrator:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Dir. Of Facilities:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Exec. Dir. Of Finance & Operations:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Superintendent:**