



Project Justification Form

To be completed by Operations to initiate a new project, please fill out the information below.

Department: Operations

Division

Requesting Person Name

Request Date

Requesting Person Phone Number

Project Details

Conceptual Project Name

Treatment Plant Service Area

Strategic Business Operating Plan Strategy #

Estimated Construction Cost

Estimated Construction Duration

Problem Statement and Drivers

Why is the project needed? What problem/issue will it resolve?

Risks

What are the risks to the District if the project is not done? What are the level of service impacts? What costs associated with these risks will the project address?

Benefits

What are the tangible/intangible benefits? What monetary benefit will the project produce?

Solution Statement and Project Scope

What is the proposed solution? What will be done under this project? How well is the scope and solution understood, is a study required?

Asset Information**Asset Details**

What assets are impacted by the project (Installed date, estimated useful life, quantity, size/capacity, description, etc.)?

Criticality

What are the consequence and likelihood of failure ratings for this asset(s)?

What is the annual operations and maintenance cost associated with the asset(s)?

Supplemental information regarding this project.

Schedule

Milestones

What are the major milestones? What are their durations? What are the schedule considerations and constraints? What is the required project end date?

Requested Funding Source

- Operating Budget
- IR
- IR (Facilities)
- CIP

Operations (Asst.) Director Approval

Revision Date

Project Identification Information Sheet

Acute Defect

Acute Defect Due Date

Type of action requested at this time

Add to CIP for Future Funding

Perform Preliminary Study

Other

Prepare Plans and Specifications/Construct

If "Other" please specify

Requested Date for Completion of Action Above

REQUIRED FIELDS

Conceptual Project Name

Solution Statement and Project Scope

What is the proposed solution? What will be done under this project? How well is the scope and solution understood, is a study required?

Problem Statement and Drivers

Why is the project needed? What problem/issue will it resolve?

Project Type
(choose 1)

- Wastewater
- Stormwater
- Unallocated

Expense Type (choose 1)

- Capital
- Non-Recurring
- Operating

Treatment Plant Service Area

Project Subtype

Watershed

Municipality

Base Map #

Requesting Person Name

Requesting Person
Phone Number

Request Date

OTHER INFORMATION (include MAP)

Remarks / Issues to consider

(Construction scheduling, municipal, cost sharing, etc.)

Estimated Cost and Year - Design

Estimated Cost and Year - Construction

Conceptual Priority (B/C Ratio)

Priority Tier Type

- 1
- 2
- 3

Inflow
Removed

- Yes
- No

Propose to fund under an existing program?

- IR
- IR - Facilities
- PIR
- GI - Program

List Attached Supporting Documentation

REQUIRED APPROVALS

(For Operations Department Requests)

Operations (Asst.) Director Approval

Date Approved

(For Engineering Department Requests)

Engineering Manager Approval

Date Approved

PLANNING (completed by Planning/CIP Program Manager)

Project Name

Planned Fund #

Project Number

Project Source

Planned FY Design

Planned FY Construction

- CIRP
- CIRP - GI CITY
- GI PRGM
- IR
- IR - Facilities
- PIR
- Other

CIRP Amount for Design

CIRP Amount for Construction

Template

- WW Collection*
- Major Projects*
- Storm Capital*
- Storm Non-Capital*
- Vendor Services Capital*
- Vendor Services Operating*
- GSA / Appraisal*
- Property Rights*
- Work Order*
- Subdistrict*
- Escrow Repair*
- Operating*

CM Services Required?

- Yes*
- No*

Regulatory Requirement

Team to Perform Action

Assigned Project Manager

CIP Program Approval

Date Approved

Send Completed Copy to