



FINAL SCOPE DEFINITION PROGRAM / MASTER PLAN (PART 1 SERVICES) PROJECT SIGN-OFF SHEET

Facility Name:		
Project Title:		
Project No.:	Region (check one): <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South	
Commission Date:	Scheduled District Approval Date:	
A/E's Part 1 Services Deliverables:		
<input type="checkbox"/> Scope <input type="checkbox"/> Schedule <input type="checkbox"/> Cost Estimate <input type="checkbox"/> Approved Construction Budget (Budget Sheet) \$ _____ <input type="checkbox"/> Report(s) / Studies <input type="checkbox"/> LCAA <input type="checkbox"/> Sketches <input type="checkbox"/> Phasing Plan <input type="checkbox"/> Other: _____		
<p>By signing this document, I, Principal of A/E firm _____, acknowledge that I have submitted all required deliverables and represent within this document a Scope of Work that I have estimated to be within the Construction Budget as illustrated in the M-DCPS Budget Sheet. This proposed Scope of Work and Construction Estimate takes into consideration all applicable codes, M-DCPS Design and Construction Standards, Systems Analysis, Construction Phasing, school site and operations coordination, and other factors that may impact the construction estimate and project schedule.</p>		
_____	_____	_____
Print Name	Signature	Date
<p>Final Scope Definition Program Sign-Off: By signing this document, I acknowledge that I have received, reviewed, and agree with the content relative to my area of expertise and responsibility. The Scope of Work is representative of the decisions made during the architectural programming process by the project team.</p>		
Project Manager, Capital Improvement Projects Print Name: Signature:	Comments:	Date:
Director, Capital Improvement Projects Print Name: Signature:	Comments:	Date:
Director, Facilities Design & Standards Print Name: Signature:	Comments:	Date:
Executive Director, Advance Planning Print Name: Signature:	Comments:	Date:
Administrative Director, Design & Sustainability Print Name: Signature:	Comments:	Date:
District Director, Capital Construction Budgets & Controls Print Name: Signature:	Comments:	Date:
School Principal Print Name: Signature:	Comments:	Date:
Region Superintendent (or Designee) Print Name: Signature:	Comments:	Date: