



Chicago Public Schools
Capital Improvement Program

PROJECT INITIATION FORM

To: The Department of Operations, Chicago Public Schools

Date:

The Program Manager has reviewed the list of pre-qualified architects and recommends that the following project be initiated and funded as follows:

Project Name	<input type="text"/>	Project No	<input type="text"/>
Scope of Work	<input type="text"/>		
Architect of Record	<input type="text"/>		
Managing Architect	<input type="text"/>		

	Scope	Notes	Item	Units	Unit Cost	Total
1	Demolition		0	ls	\$ -	0
2	Environmental	Included in Demolition				NA
3	Total Demolition					0
4	Construction		0	sf	\$ -	0
5	Pre-Purchased Steel		0	tons	\$ -	0
6	Site Adjustments		0	ls	\$ -	0
7	Park District Facilities					NA
8	Utility Relocations		0	ls	\$ -	0
9	Total Construction					0
10	Design Contingency	(Line 4-7)	3%		\$ -	0
11	Construction Contingency	(Line 4)	5%		\$ -	0
12	FFE		0	sf	\$ 6.00	0
13	FFE Consultant		4%		\$ -	0
14	Managing Architect (Demo)	(Line 1-2)	4%		\$ -	0
15	Managing Architect (Const)	(Line 4-7)	2%		\$ -	0
16	Architect of Record	(Line 4-8)	4%		\$ -	0
17	Reimbursable Expenses		15%		\$ -	0
18	Reimbursable Consultants		12%		\$ -	0
19	On Site Observation		0	months	\$ -	0
20	Construction Manager		1%		\$ -	0
21	Program Manager					N/A
22	Land Acquisition					N/A
23	Project Total					0

Total Amount to be encumbered for AOR (Line 15+16+17+18)

Check box if project is included on ISBE Grant Application

CIP Budget

Program Manager / Date

Program Administrator / Date

(For CPS Use Only)	UNIT	FUND	PROJECT	PROGRAM	OBJECT
Budget Classification Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AOR Contract Number:	<input type="text"/>				
GC Contract Number:	<input type="text"/>				

Contract Administrator / Date

Tim Martin, Chief Operating Officer / Date
Project Initiation Form.xls\New Construction

Department of Affirmative Action / Date
12/31/00