

CITY OF LOS ANGELES
PROGRAM REVIEW COMMITTEE
PROJECT APPROVAL & CHANGE AUTHORIZATION REQUEST FORM

Project Title: Must match the CIP Title (If already in the CIP) **Date:**

PRC Submittal Instructions: Please fill out this form completely (including the checklist below), and submit electronically along with all other backup materials to Harold Fike of FMD (cc FMD Rep and Rod Davis). The FMD rep must **approve** this form and all submittals no later than the last Wednesday of the month. If you need any help, or have any questions regarding the application, please call the FMD Rep for the project or any of the FMD/CIP group members.

PRC Application Checklist: Place an "X" in each checkbox to confirm that an item is completed and included with the package. All items are required, with the exception of the cost-benefit analysis that applies to cost-saving projects only (enter N/A if not). For more information, refer to the PRC Guidelines at <http://san.ci.la.ca.us/fmd/prwcip.htm>.

	The Project Title on all three pages matches the CIP title (if the project is in the CIP).
	The table at the top of the following page is filled in completely (including Planning Areas, Council Districts, etc), and all italic instructional text is deleted.
	The Project Description is detailed and complete. For projects requesting change authorization it also describes the proposed project changes.
	The Project Justification factually and objectively states the reason that the project is needed, without subjective opinions.
	A Cost-Benefit Analysis is attached for projects that are justified by cost-savings
	The Cost Estimate Class is circled or otherwise noted.
	The Cash Flow and Schedule are both filled in, and they agree with each other.
	The Impact to Planned Work is addressed (even if there will be no impact).
	A copy of the cost estimate is attached (not lump sum or single line estimate)
	The Attached Cost Estimate includes construction contingency (20% for projects under \$1Million, 10% for \$1Million and over) as well as estimating contingency and escalation.
	A delta analysis is attached (if the estimate is changing from a previously submitted estimate, else N/A)
	Prioritization Score is attached with comments and support documents verifying score (required for all wastewater projects).
	Presentation (if any) and other useful backup materials included (such as scoping reports, workshop conclusions, BPW reports, etc).
	Facility site plan or map.

Project Information Table: Please fill out project and contact info in the table below. Contact the FMD rep for FMD CIP No. if not known.

Project Title: Must match CIP Title	WO No: If Applicable
Auth Type: New Project, Project Change, CO, etc	Program: WW / SW / SR
Approval Requested: WO, Budget, or Both	BOE Project No:
AMP Proj No(s): AMP proj's included in this project	FMD CIP No: ID from CIP
CSSA Proj SA(s): SA proj's included in this project.	CSSA Due Date: App A & B
FMD Rep: Call FMD if you don't know who this is	Reach Ft: Sewer rehab only
Project Manager:	Phone:

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Project Contact: <i>If Different than PM</i>		Phone:
Mail Stop: <i>To Return Form</i>	Des Office:	Const Office:
Planning Area(s): <i>Area Planning Commission(s)</i>		CD(s): <i>Council District(s)</i>
Neighborhood Councils: <i>List all NC's this project is in (Not req'd for plants)</i>		
Project Location or Limits: <i>Plant Name, Address, or limits of project</i>		
Proposed Contracting Vehicle (s): <i>i.e. Regular B&A, CiSCo, Emerg On-Call, etc.</i>		

Project Title: *Must match CIP Title*

Project Description:

Collection System Projects – Estimate lengths of each pipe diameter that the project will include as a part of the description.

For Project Changes, Be sure to describe the project in general, as well as the change that is coming to PRC.

Project Justification:

Provide a detailed explanation of why this project, or project change, is necessary. Possible reasons include rehab/repair to maintain current operations, operational improvements, court mandates, cost savings (labor or non-labor), etc.

Impact to Planned Work:

Discuss what impact (if any) this request will have on planned work. If it is planned work, or will not have an impact to planned work, state "none." If unplanned work with no stated impact, explain why there is no impact.

Cost Estimate Class: A B C O Bid+Contingency

Estimated Project Costs by Year:

TYPE*	TOTAL	Prior Yrs	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12
FAP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CTP	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R/W	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FACM	\$0	\$0	\$0	\$0	\$0	\$0	\$0
CTCM	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*FAP = City Planning/Design, CTP = Consultant Planning/Design, R/W = Right of Way,
CONS = Construction, FACM = City Construction Management, CTCM = Consultant Construction Mgt.

Proposed Schedule (Bar Chart)	FY 07/08				FY 08/09				FY 09/10				FY 10/11				FY 11/12							
	2007		2008		2008		2009		2009		2010		2010		2011		2011		2012					
	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
Pre-Design																								
Design																								
Right of Way																								
Bid & Award																								
Construction																								
Close-Out																								

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Approval Names and Dates Table: Signatures are no longer required prior to the meeting. Enter the names and dates that verbal or e-mail approvals were obtained from each of the following. Original signatures must be on the PRC form submitted at the PRC meeting.

APPROVAL TYPE	APPROVED BY	DATE
Design Division Manager		
Facility Manager		
SPT	(or N/A if Not Applicable)	
AESC Approval or Waiver	(needed for budget approval only)	
SAC Committee Approval or Waiver	(required for CSSA App A & B scope deletions only)	

I recommend approval of this Project/Change Authorization Request

Design Division/District Engineer: _____ Date _____

Facility Manager: _____ Date _____

SPT/PAT: _____ Date _____

SPT/PAT Chairperson's Signature

_____ Date _____

SPT/PAT Co-Chairperson's Signature

For Automation Projects: _____ Date _____

Bob Irvin, Director of Systems

For Settlement Agreement Committee _____ Date _____

PRC action: _____ Date _____

Recorded By: _____ Date _____

FMD Staff Member