COMMERCIAL REHABILIATION PROGRAM SCOPE OF WORK

BUSINESS NAME		DATE SUBMITTED		
JOB LOCATION	APPLICANT	PHONE & EMAIL		
CONSTRUCTION FIRM	PROJECT MANAGER	PHONE & EMAIL		
PROJECT OVERVIEW				
PROJECT SUMMARY				
PROJECT OBJECTIVES				
Describe the high-level goals				
of the project and how they relate to overall business				
objectives.				
TIMELINE				
PERMIT ISSUED DATE				
CONSTRUCTION WORK START DATE				
ESTIMATED COMPLETION DATE				

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SCOPE OF WORK

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PROJECT DELIVERABLES				
Please list all project deliverables	s and briefly describe each.			
DELIVERABLE NO.	DESCRIPTION			
1				
2				
3				
4				
5				
6				
EXCLUSIONS Please list the activities that are out of scope or the tasks that you will not complete/provide as outputs of this project.				
This project will NOT accomplish or include the following:				
ESTIMATED COSTS				
EXPENSE	DESCRIPTION	COST		
	TOTAL			

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PERMITS

DATE APPROVAL RECEIVED	DATE OF INSPECTION	DATE PERMIT CLOSED/FINAL
	DATE APPROVAL RECEIVED	DATE APPROVAL RECEIVED DATE OF INSPECTION DATE OF INSPECTION