

# COMMERCIAL REHABILITATION 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	



