

OMB/Division of Facilities Management

Project Name: _____

Project Number: _____

KICK OFF MEETING DATA CHECKLIST

Meeting Date: _____

Project Data

Owner: _____

Owner Address: _____

Agency: _____

Agency Address: _____

Project Name: _____

Project Address: _____

Contract Number: _____

A/E: _____

A/E Address: _____

Reviewing Agency: OMB/Division of Facilities Management (DFM)

R/A Address: 540 S. DuPont Highway, Suite 1, Dover, DE 19901

Project Representatives

Owner Rep: _____

State Proj. Manager: _____

State Proj. Engineer: _____

A/E Rep: _____

Commissioning Rep: _____

OMB/Division of Facilities Management

Project Name: _____

Project Number: _____

Owner's Funded Project Budget:

\$ _____

Scope of Project/Work (Basis for OPR):

Project Performance Criteria (Basis for PC):

Project Timeline & Milestone Expectations (Basis for SOP):

(Attach Proposed Schedule of Performance (SOP) with Minutes of Kick Off Meeting)

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Project Name: _____

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General Requirements (Basis for Division 01):

Owner Access and Occupancy Requirements:

Contractor Site and Facility Use:

Work Restrictions and Coordination:

Allowances:

Unit Prices:

Alternates:

Special Procedures (Project, Safety, Security, Etc.):

Quality Assurance & Control:

Product Requirements:

Construction Waste Management & Disposal:

Closeout Requirements:

Commissioning Requirements:

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Description of Work (Basis for DN):

Demolition, Removal & Remediation:

Civil:

Structural:

Architectural:

Fire Suppression & Protection:

Plumbing:

Mechanical:

BAS:

Electrical:

Communications (Voice/Data/A-V):

Safety, Security, & Surveillance:

Site Work & Utilities:

Other:

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Planning & Path Forward: