**Purpose:** To provide clarification of the clients brief and expectations. Further development will provide full and firm foundations for the initiation of the Project. It is required to be completed in full and can be completed by an appointed Project Manager, with participation with the Client and other key stakeholders during Pre-Stage 0 (Definition and Project Clarification) when initial funding has been approved.

The Project, or particular stage, will only commence, once joint sign- off is complete.

|  |  |  |
| --- | --- | --- |
| **1.** | **Wren No:** |  |
| **2.** | **Building:** |  |
| **3.** | **Location:** |  |

|  |  |
| --- | --- |
| **4.** | **Description of the work to be undertaken:** |
| **5.** | **Reason for the Project :** (e.g. New provision, Life Expired, Poor Reliability) |
| **6.** | **Key Project Success Criteria:** |
| **7.** | **Funding Allowance: £**  Please indicate Project Stage to which funding is applicable.   |  |  |  |  | | --- | --- | --- | --- | | Project Stage | Completed  (Y/N) | Funded Stage  (🗸) | Dates | | * Pre-Stage 0 – Definition and Project Clarification. |  |  |  | | * Stage 0–1 – Feasibility. |  |  |  | | * Stage 2 – Concept and Scheme Design. |  |  |  | | * Stage 3 – Detail Design (Tender & Contract). |  |  |  | | * Stage 5 – Construction, Commissioning & Post Projects |  |  |  | |
| **8.** | **Quality Requirements / Measurement Criteria:** |
| **9.** | **Delivery Expectations (Time Scale):** |
| **10.** | **Any Known Health and Safety Requirements:** |
| **11.** | **Any Constraints and Known Risks:** (i.e. Access, Suppliers, etc.) |
| **12.** | **Any Other Information:** (i.e. Preferred Suppliers, Record Information, etc) |
| **13.** | **Key Stakeholders:** (i.e. Roles, Authority and Reporting Requirements.) |

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| **14.** | **Client**  **Signature:...................................................**  **Date:..................................................................................** | **Project Managers**  **Signature: ..................................................**  **Date:..................................................................................** |

**IF REQUIRED CONTINUE OVERLEAF - INDICATING SECTION NUMBER.**