

**ENTRY GATE / PROJEC REQUEST FORM**  
Project Development – Phase I

DATE: \_\_\_\_\_

Project District(s): 1   2   3   4   5  
Circle all that apply

Project Name:			
Project Location:			
Division Manager:		Phone #:	
Manager of Project Development:		Phone #:	
Originator of Need:		Phone #:	

Background Information:

Project Statement:

Justification: Facts, Stakeholder Impacts, Broad Goals, etc.

Attach a Map of the Area

**CIP Approval Committee signatures represent sponsorship for proceeding with Project Charter**

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
CIP Advocacy Manager

\_\_\_\_\_  
Department Deputy Director, Infrastructure

Comments: