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	Project Initiation Form	30-30 Thompson Ave Long Island Cit
	Project Info & Scope	New York, NY, 1110
1. General Inform	mation	
*CPI Type:	*Sponsor Agency:	*Initial Funding FY
(Initial or Revised) Initial	Housing Preservation and Developme	nt
*FMS ID:	*Project Description:	*Public Buildings or Infrastructure
		Public Building
Location 1		
*Borough:	*Building or Location Name:	*Building Address or Street Segments:
	*Community Board(s)	Building Fixed Asset Number
	*Council District(s)	Fixed Asset Location Code:
	*Business Improvement District(s) (BIDS):	
	Block Number:	ot Number:
	Scope and Additional Info	
What is the project type? (If	f there are multiple project types, please select them in the a downs)	dditional drop-
Please provide detail reaardi	ing the justification of the project(Why is the project being done?)	
Please provide detail regardii	ing the scope of the project(What is being done?	
Please provide additional det	tail(What other relevant project information should DDC know?)	

# 3. \*Estimated Project Timeline

Design Construction Construction Management Services/ Resident Design

0

Engineer Inspection Services

0

Please provide additional schedule information narrative(if required):

#### **General Information**

### **1. \*Funding Source Information:**

What kind of funding will this project have (Capital, Expense, Both)?

\* Are force account funds included in CONS budget?

If **Yes**, What is the amount? \$

\* Is this a CPSD Project?

\* Has there been a CPSD done for this project?

No
No

No



- Please list**all** 

#### match FMS P Lines - Projects must be

fully funded

#### IFDS & IFSP Minimum

= 10 % for each

#### SVCS Include:

Probes, Commissioning & Special Inspection

#### CNSP Includes:

Construction Management Services (PB) /Resident Engineer Inspection Services (Infra)

Please separate **CONS** Lines between construction and force account

## 2. \*Operating Expense Implications

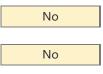
**A.** Please answer questions below:

Details	Yes/No	If Yes, Provide Details	
*a.Will the agency incur expense implications			Please attach
resulting from the project?	No		maintenance and utility
*b.Should this project result in +/- costs for	N		costs for the past 3
energy/maintenance/utilities?	No		years or current
			revenue

## 3. \*Grant Implications

\*A. Does this project contain Grant funding (Y/N)?

\*B. Does this project contain Private funding (Y/N)?



Please identify any **non-city** funding sources below :

\*C. Is there a specific grant strategy or other requirements pertaining to the non-city source(s) above that the Sponsor Agency has in place(expiration date, special reporting, grant to spend down first, important deadlines etc.)

\***D.** Are future grants anticipated for this project (Y/N)?

No

If Yes, Please identify and describe the status of the future grants

## 4. \*Project Infomation

* <b>A.</b> Is <b>DBE</b> Applicable (Y/N)? If <b>Yes</b> what is the percentage? <i>Please provide additional details be</i>	No low if required	* <b>B.</b> Is <b>MWBE</b> Applicable (Y/N)? If <b>Yes</b> what is the percentage? <i>Please provide additional details be</i>	No low if required
*C. Is ULURP Applicable (Y/N)? If Yes has it been commenced? If Yes when? (Date)	No No	* <b>D.</b> Is <b>SEQRA</b> necessary (Y/N)? If <b>Yes</b> has it been commenced? If <b>Yes</b> when? (Date)	No No
* <b>E.</b> Is the structure/Site a historic landmark(Y/N)? If <b>Yes</b> is it in a historic district? If <b>Yes</b> when? (Date)	No No	* <b>F.</b> Is <b>CEQR</b> necessary (Y/N)? If <b>Yes</b> has it been commenced? If <b>Yes</b> when? (Date)	No No
	ny correspondence reed to the community		No

*I. Site acquisition No required(Y/N)?	* <b>J.</b> Is location in designated parkland(Y/N)?	No
Please provide additional details below if required	Please provide additional details belo	ow if required
*K. Is a blanket CP     No       applicable(Y/N)?     Image: Comparison of the second	* <b>L.</b> Has design already been completed(Y/N)?	No
lf <b>Yes,</b> provide blanket CP #	If <b>Yes,</b> please attach PDC and	LPC approvals
*M. Is Public Design Commission(PDC) review anticipated(Y/N)?		No
If <b>No</b> , please provide additional details below		
* <b>N.</b> Is Landmark Preservation Commission(LPC) review anticipated(Y/N)?		No
If <b>Yes,</b> please provide additional details below		

\*N. How does this project relate to past, existing and future planned projects at the site/facility?

# 5. \*Sponsor Agency Contact Information

### Agency Program Contact

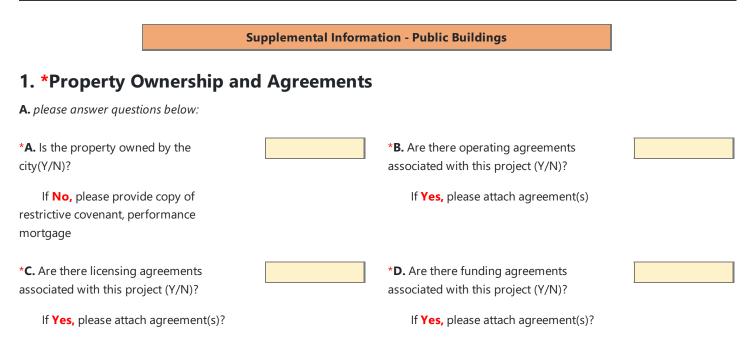
Name	Title	Phone	Email	
Agency Budget Contact				
Name	Title	Phone	Email	
Site Contact				
Name	Title	Phone	Email	

### 6. \*Sponsor Agency Approvals

### Submitted By

Name	Title	Phone	Email	
Approved By				
Name	Title	Phone	Email	

Any changes to scope or funding after DDC Front End Planning Approval has been finalized will REQUIRE A REVISED PROJECT INITIATION FORM and SUBSEQUENT FRONT END PLANNING APPROVAL



### 2. \*Climate Resiliency

A. Please answer questions below

### 3. \*Program of Space

For new buildings or major additions, DDC requests a listing of all spaces required, with a brief description and square footage allocation for each.

Necessary functional adjacencies must also be described.

## 4. \*Supplemental Project Information

Details	Yes/No	If Yes, Provide Details
1. Construction Phasing Required?		
2. Current Projects Ongoing?		
If <b>Yes</b> , please list current projects at the site		
3. Future Projects Planned?		
4. Is swing space required?		
5. Maintain operation during construction?		
lf <b>Yes,</b> please describe		
6. Are life safety systems affected in this project?		
7. Known Hazmat Conditions?		
8. Is the project being done to comply to a local law?		
If <b>Yes</b> , please note which one		
9. Is project being done to remove a violation?		
10. Is FEP passed-through?		

### 5. \*Attachment List

Please list all the attachments identified and submitted along with this Pl. You can list 8 attachments in each of the columns below labeled 'Attachment'.

Attachment	Attachment	Attachment	Attachment
			-
			-
			-
			-
			-

			1 490 0 010
Attachment	Attachment	Attachment	Attachment
			-

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**DDC Use Only** 

PI Step	Entry	Responsible Unit	Comment
PI#:			
Draft CPI Date:			
Initial Submission Date:			
To FEP Strategy Board:			
Strategy Board Number:			
Strategy Board Conclusions:			
Strategy Board Approval Date:			
Approval Date (FMS):			
MAS Date:			
PIMS Creation Date			
Resubmission Date:			