**PROVIEW AGENDA APPLICATION**

SEND APPLICATION TO: Aisling Quinn-Fleming, Box 20

[Aisling.Quinn-Fleming@seattle.gov](mailto:Aisling.Quinn-Fleming@seattle.gov)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1-A. Name of Project** | |  | **1-B. Activity (WC or WP) Number:** | |
|  | | |  | |
| **2. Sector** | |  |  | |
| 1-Southwest  2-Southeast  3-Central East  4&5-Northeast  6-Northwest  7-Central West | | | | |
| **3-A. Presenter Name** | |  | **3-B. Phone Number** | |
|  | | |  | |
| **4. Length of Time Needed for Presentation** | | **5-A. ProView Date Requested** | **5-B. Date of Prior Presentation** | |
|  | |  |  | |
| **6. Type of Presentation** | |  |  | |
| Review Design Program w/PIP  Review Schematic Design  Other  Review PIP Only  Review Design Development | | | | |
| 7.  O&M Costs have been reviewed by Facilities Maintenance and Operations before coming to ProView. (This is required before coming to ProView.) | | | | |
| **ADDITIONAL ATTENDEES** (It is the responsibility of the Planner/Project Manager to ensure attendance of key Parks and Recreation Department staff, i.e., Manager, Crew Chief, Property Management, etc.) | | | | |
| **NAME** | | **CONNECTION TO PROJECT** | **E-MAIL ADDRESS** | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
|  | |  |  | |
| **PROJECT AGENDA ITEM SUMMARY INFORMATION** | | | | |
| **8. Fund Source / Program:** | | **9-A. Current Appropriated Funding** | **9-B. CCA Amount:** | |
|  | |  |  | |
| **10. Land Ownership of Proposed Project:** | | | | |
|  | | | | |
| **11. Brief Project Description (include CIP or Levy project description):** | | | | |
|  | | | | |
| **12. Key Issues to be Resolved:** | | | | |
|  | | | | |
| **13. Classification Policy Category:** | | | | |
| **14. Indicate Any of the Following That Apply:** | | | | |
| Landmark Designation  Olmsted Park  Master Plan  Property Issues (specify):  Environmental Issues/Checklist (specify): | | | | |
| **15-A. Project Maintenance & Operations Costs** | **15-B. Have annual new facility costs been reviewed with Parks & Recreation Manager?**  Yes  No | | | **15-C. Maintenance & Utility Impact Report required?**  Yes  No |
|  |