BRITISH COLUMBIA | Ministry of Transportation and Transit

Project Approval Form

NOTE: When using the form, press TAB or SHIFT+TAB to move to the next or previous fill cell respectively.

TO: _____
Project Approving Official

NEW CHANGE - If change, include project # _____

Enter the name of the Project Approving Official.

NEW / CHANGE - Indicate with a check mark the type of request (e.g., establish a new project or change an existing project). If requesting a new project/work package, complete the entire form, as appropriate. If requesting a change, provide the project name and number then complete only those areas affected by the change.

Finance and Administration Use Only

Date Received	Project:
Entered in Oracle	
Date (YYYY/MM/DD)	INITIALS:

PART A - PROJECT/WORK PACKAGE INFORMATION

Project Name: _____ Nearest Town: _____

Project Description (Public):

Project Scope (Technical Description):

Capital Index Rating: Select One

Lat, Long (Decimal Degrees) _____ Lat, Long (Decimal Degrees) _____

Lat, Long (Decimal Degrees) _____ Lat, Long (Decimal Degrees) _____

PROJECT NAME - See Provincial Naming Conventions

NEAREST TOWN - Provide nearest Town/City. Used to report out on project outcomes.

PROJECT DESCRIPTION (PUBLIC) - Non technical description meant for public consumption.

PROJECT SCOPE (TECHNICAL DESCRIPTION) - Technical description, meant for internal consumption.

CAPITAL INDEX RATING - A value assigned to indicate whether expenditures are capitalizable or expensable. Connect with Manager, Maintenance and Rehabilitation if you are unsure of what CI Rating would apply to your project.

LAT/LONG (DECIMAL DEGREES) - Provide the lat/long, in decimal degrees, of project coordinates or project segment coordinates.

REGION

Select One

REGION - Provide the region where the work is taking place.

DISTRICT(S)	PERCENT
Select One	%
Select One	%
	%
	%
	%

DISTRICT(S)- Provide the district(s) and the percentage(s) of work taking place in each district(s).

HIGHWAY(S)	PERCENT
Enter Highway/Road Name	%
	%
	%
	%

HIGHWAY(S) - Provide the highway(s) and the percentage(s) of work taking place on each highway(s).

SERVICE AREA(S)	PERCENT
Select One	%
	%
	%
	%

SERVICE AREA(S) - Provide the service area(s) and the percentage(s) of work taking place in each service area(s).

ELECTORAL DISTRICT(S) / ELECTORAL DISTRICT ABBREVIATION(S)	PERCENT
Select One	%
Select One	%
	%
	%

ELECTORAL DISTRICT(S) - Provide the name and abbreviation and the percentage(s) of work taking place in each electoral district(s).

PART B - PROJECT/WORK PACKAGE FUNDING

Current Fiscal Year Funding $ _____

Future Funding Year 2 $ _____

Future Funding Year 3 $ _____

Future Funding Year 4 $ _____

Project Funding $ 0

CURRENT YEAR FISCAL FUNDING REQUIREMENTS - Provide current fiscal year funding.

FUTURE YEAR(S) FUNDING - Provide future years required to meet the Total Project Funding, if applicable. It is not necessary to complete this field for overhead / administrative projects.

TOTAL PROJECT FUNDING - This field is the sum of "Current Fiscal Year Funding" and "Future Year" funding requirements that equals to the Total Project Funding.

PART C - PROJECT/WORK PACKAGE CODING

Project Manager:

Responsibility Center:

Service Line and Description(s):

Select One

Additional Information:

PROJECT MANAGER - Enter the name of the project manager or contact person for the project.

RESPONSIBILITY CENTER - Enter the 5 digit responsibility centre number responsible for the project.

SERVICE LINE AND DESCRIPTION - Select the service line numbers related to the project. Connect with Manager, Maintenance and Rehabilitation if you are unsure of what Service Line Description to use. Additional information here. For Expansion Program, contact the Manager, Capital Program Monitoriing if unsure of what Service Line Description to use. Consideration should be given as to whether a separate expenditure, recovery, accrual, and/or holdback task may be required.

ADDITIONAL INFORMATION - For projects with more than two tasks or if more information is needed, add it here.

PART D - RECOMMENDATION

Prepared by: _____

Telephone: _____ Date (YYYY/MM/DD): _____

Recommended by: _____

Name, Position Title: _____

PART E - APPROVAL

◯ Approved ◯ Not Approved

Date (YYYY/MM/DD): _____

Approving Official Signature

Name, Position Title: _____

Refer to Regional Finance Team for specific recommendation and approval information.

ANY FURTHER INFORMATION REQUIRED:

If there is any further infromation required that is not captured in the form above please enter it here.