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**PROJECT REVIEW AND APPROVAL PROCESS**

**Purpose**

The Hilltop Project Review and Approval Process is intended to standardize the development, communication, review and approval of proposed projects within Hilltop in order to:

1. Improve efficiency for proposal submitters, reviewers and the approver.
2. Better ensure the ultimate success of adopted Hilltop projects.

**Applicability**

This process is expected to apply to all projects with one or more of the following:

1. Affect Rent schedules and leases
2. Require Hilltop staff resources
3. Are new initiatives using the Hilltop brand
4. Have potential legal implications (copyright, liability, etc.)
5. Are new projects related to external organizations
6. Have a substantial financial impact (greater than a $1,000 or 8 hours of staff time)
7. Alter Hilltop structure (program - facility use, etc.)

**Exceptions**

Proposals anticipated to require less than 8 staff hours, less than $1,000 ***AND*** do not meet the above criteria may be approved by the Property Services Director without going through this project approval process.

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|  |  |  |
| --- | --- | --- |
|  | Develop a concept of need | |
|  | Submit Project Concept Form | Revise  Modify  Define |
|  | Initial PAT Review |  |
|  |  |  |
| Non Cap -Non Proj | Non-Capital Project | Capital Project |
| $1000 - $1500 and/or  <8 Mhrs | $1500-$2500 and /or  10-15 Mhrs | $2500< |
| Get quotes Set Timeline | Get quotes Set Timeline | Senior Leader Approval |
| Develop full Plan | Develop full Plan | Get quotes Set Timeline |
| Final PAT Review | Submit Project Request | Develop full Plan |
| Director/Manager Approval | Final PAT Review | Submit Project Request |
| Start | Director/Manager Approval | Final PAT Review |
|  | Start | Director/Manager Approval |
|  |  | Start |

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PAT Click here to enter text.

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# PROJECT SUBMISSION

**Our Missions: Leading through action to make a difference for people of all ages.**

## PART 1 Project Submission

## BASIC INFORMATION

### Working Title: Click here to enter text.

### Date: Click here to enter a date.

### Submitter’s Name: Click here to enter text.

### Submitter’s e-Mail: Click here to enter text.

### Type of Project: Choose an item.

**OVERVIEW** *(add additional page if needed)*

|  |
| --- |
| Project Purpose/Rationale/Justification (1-2 paragraph) |
| *Why should this project be considered, what is the gap it addresses, what is the need, etc.?* Click here to enter text. |
| Project Description *(1-2 paragraphs)* |
| *What content will be covered, how will it be delivered, etc.* Click here to enter text. |
| Project Deliverable(s) |
| *What is the end result? Examples: book, website, course, app, study.* Click here to enter text. |
| Audience |
| *Who is the main audience of the project? Be as specific as possible about the discipline and specialty area served, size of audience, etc.* Click here to enter text. |
| Benefits |
| *Describe benefit to clients, residents, staff, and Hilltop itself.* Click here to enter text. |

**ANTICIPATED TIMELINE/KNOWN DEADLINES**

Provide detail on the timing dependencies around this endeavor.

### Proposed Start Date: Click here to enter a date. Proposed Completion Date: Click here to enter a date. Significant interim milestones: Click here to enter text.

**Any absolute deadlines: Yes***(if yes, explain)* Click here to enter text.

## MEASURABLE OUTCOMES

List the measurable outcomes that will be used to determine the success of the project.

|  |
| --- |
| Click here to enter text. |

## EXPECTED FINANCIAL COSTS/BENEFITS

SAEM Staff Liaison and/or Finance Committee can assist with cost estimates

|  |
| --- |
| **Expected Costs:** *(please describe type and amount)* |
| Click here to enter text. |
| **Expected Financial Income:** *(please describe type and amount)* |
| Click here to enter text. |
| **Anticipated time and/or cost for:** |
| **Personnel:** *(Hilltop Staff)* Click here to enter text.  **Equipment** Click here to enter text.  **Materials:** Click here to enter text.  **Travel:** Click here to enter text.  **Legal Review:** Click here to enter text.  **Purchased Services:** Click here to enter text.  **Resources:** Click here to enter text.  **Other:** *(please define)* Click here to enter text. |

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**PART 2: INITIAL PAT REVIEW**

## PAT MEMBER REVIEW AND RECOMMENDATIONS

### PAT Member Name: Click here to enter text.

|  |
| --- |
| **General Notes** |
| Click here to enter text. |
| **Recommendation on support/no support/neutral/modify** |
| Click here to enter text. |

* 1. **PAT Member Name:** Click here to enter text.

|  |
| --- |
| **General Notes** |
| Click here to enter text. |
| **Recommendation on support/no support/neutral/modify** |
| Click here to enter text. |

* 1. **PAT Member Name:** Click here to enter text.

|  |
| --- |
| **General Notes** |
| Click here to enter text. |
| **Recommendation on support/no support/neutral/modify** |
| Click here to enter text. |

* 1. **PAT Member Name:** Click here to enter text.

|  |
| --- |
| **General Notes** |
| Click here to enter text. |
| **Recommendation on support/no support/neutral/modify** |
| Click here to enter text. |

|  |
| --- |
| **General Notes** |
| **Return to requestor for:  Information/Definition  Modification**  **Return to requestor to proceed with request** |
| **Project Recommendation on committees/others for review** |
| Click here to enter text. |

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**PART 3: FINAL PAT REVIEW**

**Purchasing Review**

1. **Project Form Attached and Complete**

**Yes  No  (Return for correction/completion)**

1. **Are additional Bids Required**

**Yes  No**

**If Yes – List bids Requested List component(s) of project that require additional bids.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor** | **Bids Received** | **Bid Amount.** | **Status (Selected/Not Selected)** |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Choose an item. |
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| Click here to enter text. | Click here to enter a date. | Click here to enter text. | Choose an item. |

### Vendor Justification: Click here to enter text.

### All required bidding is Complete and winning bids are identified. Date:Click here to enter a date.

### 

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### Project Submitted for Signature: Date Click here to enter a date.

### Project Approved: Date Click here to enter a date. By: Click here to enter text.

### Project #Click here to enter text. PROJ WIP(s):Click here to enter text.

**When Part 3 is completed send this Document back to PAT\_Team@htop.org**