C-2. EBT APD CHECKLIST

		PLAN	NNING AP	D FOR EBT	Γ			
Project Name:				Di	ue Date:			
	1	T			Status			1
	Responsible			-	T	No	Completed	Date To Be
Documents	Person	Required	Optional	Completed	Progress	Progress	date	Completed
Commitment Statement								
Project Management								
Staff Plan		1						
Schedule of Activities,	-							
Milestones, and								
Deliverables								
Deliveragies								
		IMPLEMI	ENTATIO	N APD FOR	EBT			
Project Name: Due Date:								
	Status							
	Responsible		-		Status	No	Completed	Date To Be
Documents	Person	Required	Optional	Completed	Progress	Progress	date	Completed
Functional Requirements	1 41.25.1							
Document							- 1	
General System Design								
Statement of Resource								
Requirements								
Schedule of Activities,								
Milestones, and							1	
Deliverables			1					
Proposed Budget								
Cost Allocation Plan								
Coupon Cost Analysis								
Security Plan								
Request for Waiver of								
Depreciation					J			
								
		APD	UPDATE	S FOR EBT				
Project Name:				D	ue Date:			
				Status				
No. of the last of	Responsible	Danulard	Ontinent	Completed		No Progress	Completed date	Date To Be Completed
Documents Project Status	Person	Required	Optional	Completed	Tiogress	1 TOETUSS	- July	Completes
Project Status		+	 	 	+			
Project Budget and Expenditures								
Changes to the Approved								
APD		<u> </u>				<u> </u>		1