

C-2. EBT APD CHECKLIST

PLANNING APD FOR EBT								
Project Name: _____					Due Date: _____			
Documents	Responsible Person	Required	Optional	Status			Completed date	Date To Be Completed
				Completed	Progress	No Progress		
Commitment Statement								
Project Management Staff Plan								
Schedule of Activities, Milestones, and Deliverables								

IMPLEMENTATION APD FOR EBT								
Project Name: _____					Due Date: _____			
Documents	Responsible Person	Required	Optional	Status			Completed date	Date To Be Completed
				Completed	Progress	No Progress		
Functional Requirements Document								
General System Design								
Statement of Resource Requirements								
Schedule of Activities, Milestones, and Deliverables								
Proposed Budget								
Cost Allocation Plan								
Coupon Cost Analysis								
Security Plan								
Request for Waiver of Depreciation								

APD UPDATES FOR EBT								
Project Name: _____					Due Date: _____			
Documents	Responsible Person	Required	Optional	Status			Completed date	Date To Be Completed
				Completed	Progress	No Progress		
Project Status								
Project Budget and Expenditures								
Changes to the Approved APD								