547 project closeout report

## Project Team:

## Project Name:

## Community:

## State:

# PART A. Administrative Information

1. **Final Team Roster** (correspondence will be sent to these team members for any future project information)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Student (Y/N)** | **State(s) of PE License** | **Name** | **Email** | **Phone** |
| **Leadership** |   |   |   |   |
| Chapter or Section Name |   |   |   |   |   |
| Chapter or Section President |   |   |   |   |   |
| Additional Chapter or Section Leadership (optional) |   |   |   |   |   |
| **Project Team Members** |   |   |   |   |   |
| Project Lead |   |   |   |   |   |
| Technical Lead (Responsible Engineer in Charge) |   |   |   |   |   |
| Additional Technical Lead (optional) |   |   |   |   |   |
| Faculty advisor (*student chapters only*) |   |   |   |   |   |
| **Independent Review Panel** |   |   |   |   |   |
| Review Panel Member |   |   |   |   |   |
| Review Panel Member |   |   |   |   |   |
| Review Panel Member |   |   |   |   |   |
| Review Panel Member (optional) |   |   |   |   |   |

 **Project Team Overview**

Please note: all Project Team members must be active members of ASCE, AWWA, or EWB-USA.

Aside from those listed on the table above, there may be other project team members who have worked on this project. Please tally the total number of team members who have contributed to the project and report them in the spaces below. Also, please provide an estimated number of worked in total by both groups.

 *Student Team Members*

Number of student team members:

 Total number of hours spent of project:

 *Professional Team Members*

Number of professional team members:

 Total number of hours spent on project:

1. **Project Completion Status**

[ ]  Completed the work product(s) listed in the 544 Engineering Services Agreement

[ ]  Partially completed the work product(s) listed in the 544 Engineering Services Agreement\*

[ ]  Did not complete the work product(s) listed in the 544 Engineering Services Agreement\*

[ ]  Project terminated prior to signing the 544 Engineering Services Agreement\*

[ ]  Other\*

\**Please describe in Section B.2 below.*

1. **Completed Work Product**

Did you complete and submit the following documents to CECorps staff and/or the Partner Community? If a document was not submitted to either entity, please elaborate here:

|  |  |  |
| --- | --- | --- |
| **Document** | **Submitted to****CECorps Staff****(Y or N)** | **Submitted to****Partner Community****(Y or N)** |
| 543 Work Plan |  |  |
| 544 Engineering Services Agreement |  |  |
| 546 Design Report |  |  |

1. **Project Deliverable\***

If you submitted a final work product to the community, was it:

[ ]  Preliminary Engineering or Study

[ ]  Final Engineering including construction drawings

[ ]  Final Engineering including implementation

[ ]  None, did not submit a final work product to the community

[ ]  Other

*\*Please describe in section B.4 below.*

# PART B. Technical Information

1. **Reason for Closing Project**
2. **Lessons Learned from the Project**
3. **Description of Final Work Product Submitted to the Community**
4. **Project Funding**

Please give a breakdown of the monies spent on this project (e.g. travel, equipment rental, meetings, other assessment and design activities, etc).

|  |  |  |
| --- | --- | --- |
| **Source of funds** | **Use of funds** | **Total ($)** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Partnering Organization/NGO and Community Contact Information**

|  |
| --- |
| **PARTNER ORGANIZATION** |
| **Contact Name** | **Contact Email** | **Contact Phone #** |
|  |  |  |
|  |  |  |
| **COMMUNITY CONTACT(S)** |
| **Contact Name** | **Contact Email** | **Contact Phone #** |
|  |  |  |
|  |  |  |

1. **Education/Training Materials**

Please describe any educational or training materials that your project team left with the community for their use in continued operation or maintenance of the facilities. If there were no materials left with the community, please state this.

1. **Responsible Engineer in Charge (REIC) Assessment**

REIC Name:

REIC Assessment:

REIC Affirmation:

|  |
| --- |
| **Responsible Engineer in Charge Attest:***To the best of my knowledge, I have the appropriate licensure and experience to take responsibility for the course that the project is taking.*  |
| *Name (printed):* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *Signature:* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| *Date:* | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |

1. **Photographs (optional)**

Please see instructions document for submittal information. Do NOT email photos.