

# Project Initiation Report

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**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY  
PROJECT MANAGEMENT MANUAL  
STANDARD OPERATING PROCEDURE**

**SUBJECT: Project Initiation**

**NUMBER: PMM-SOP-2.1**

**REVISION DATE: Draft**

**5.0 Exhibits**

**5.1 Capital Funding Request**

**5.2 Capital Funding Flow Chart**

**5.3 Project Initiation Report**

**6.0 Records**

**Capital Funding Requests (Including Conceptual Budget and Schedule)**

**Project Initiation Reports**

Budget Department

**Capital Funding Request**  
**For Inclusion in the FY12-FY16 Capital Investment Program**

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Submitted By: Any Department Head (x1234)	Priority	<input type="checkbox"/> High	Ranking	<div style="border: 1px solid black; display: inline-block; padding: 2px;">#</div>
		<input type="checkbox"/> Medium		
Department Sponsor: Any Department		<input type="checkbox"/> Low		

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A. Project Title:

B. Project Category: (check all that apply)

- Improvement of Existing Infrastructure/Replacement of Equipment
- New Infrastructure/Equipment
- Additional Funding for Existing Project (See B-1)
- Americans with Disabilities Act (ADA) Accessibility Project
- Service Expansion (Planning and/or Construction)

B-1. If this request is for **additional funding of an existing project** please provide the following information:

Previously awarded funding \$ \_\_\_\_\_

Expended to date \$ \_\_\_\_\_

Additional funding requested \$ \_\_\_\_\_

C. Detailed Project Description/Scope. What will this project entail?

D. Is there an impact to the environment?

E. Impact on State of Good Repair. If this project funds a new facility or the procurement of new equipment this question does not apply (write N/A). If this project funds the improvement or

replacement of existing assets respond the following questions: What is a) the useful life and b) age of the asset that this project seeks to repair/improve or replace? What will be the remaining useful life after the asset is improved/enhanced/repared or replaced?

F. **Impact on Operations.** Does this project directly impact operations? If so, how? Will this project correct an existing operating deficiency? Will MBTA customers enjoy improved service? If yes, how will service improve specifically – efficiency, reduced trip times, customer service, increased ridership, etc.?

G. **Legal Requirements.** Does any law, agreement, or other commitment directly require that the MBTA complete this project? (AG's Office, DEP, ADA project within Key Station Plan, MOU, etc.) Is there a timeline for compliance or the threat of fines? Are there alternatives or substitutes the MBTA can use to comply?

H. **Alternative Scope of Work/Solution.** What other possible alternatives exist to completing this project as described above, besides taking no action? How else can the MBTA meet the need for this project? Can the effort be funded in stages? Can the scope be reduced and still address the most pressing problems?

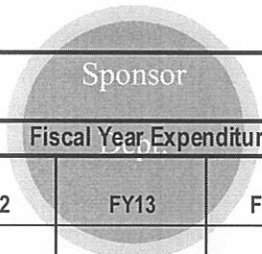
I. **Impact on the Operating Budget.** Please quantify how this project would impact the department's or the Authority's operating budget – in terms of labor, materials, etc. How do the operating costs of the alternatives outlined in section H above compare to this project? If this capital project is funded, will the department's next operating budget request increase or decrease as a result?

J. **Consequences of Not Funding this Project.** What will happen if this request is not approved?

K. **Conceptual Budget and Schedule** (provide back-up as appropriate). How long do you expect this project to take? How was this budget estimate developed? What assumptions were used? Was this based on prior experience, best estimates, known costs, or other information source? Please be specific & provide supporting documentation. A summary form is provided on the next page.

K. (continued) **Total Capital Spending By Fiscal Year**

Submitted by: **Any Project Manager**  
 Budget Analyst: \_\_\_\_\_  
 Project Title: **Any Project Name**  
 Sponsor Department: **Any Department**



**Fiscal Year Expenditure Summary**

Task Budgets	FY11	FY12	FY13	FY14	FY15	Total FY11-15	Beyond FY15	Project Totals
Software Costs								
Construction Contract								
Construction Contingency								
Vehicle Contract(s)	\$38,016,000	\$16,896,000	\$46,071,768	\$38,408,232	\$32,736,000	\$172,128,000	\$8,632,000	\$180,760,000
Vehicle Contingency					\$500,000	\$500,000	\$4,000,000	\$4,500,000
Materials Procurement								
Professional Services	\$1,000,000	\$1,500,000	\$1,800,000	\$1,800,000	\$800,000	\$6,900,000	\$800,000	\$7,700,000
Force Account (support)			\$200,000	\$200,000	\$100,000	\$500,000		\$500,000
Flagging								
Field Inspection								
Legal	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$100,000	\$200,000	\$300,000
Project Administration	\$500,000	\$525,000	\$600,000	\$600,000	\$600,000	\$2,825,000	\$700,000	\$3,525,000
Indirect Costs (will calculate)	\$497,163	\$433,991	\$716,600	\$686,713	\$604,683	\$2,939,151	\$536,057	\$3,475,207
Project Subtotal	\$40,033,163	\$19,374,991	\$49,408,368	\$41,714,945	\$35,360,683	\$185,892,151	\$14,868,057	\$200,760,207
Project Contingency@ 5%	\$2,001,658	\$968,750	\$2,470,418	\$2,085,747	\$1,768,034	\$9,294,608		\$9,294,608
Total	\$42,034,821	\$20,343,741	\$51,878,787	\$43,800,692	\$37,128,717	\$195,186,758	\$14,868,057	\$210,054,815
LTD expenditures								\$43,140,000
<b>Grand Total</b>								<b>\$253,194,815</b>
* Previously Allocated								\$190,000,000
<b>Additional Funding Request</b>								<b>\$63,194,815</b>

(from section H)	FY11	FY12	FY13	FY14	FY15	Total FY11-15	Beyond FY15	Project Totals
Total Capital Cost or Alternative Project					\$ -	\$ -		

Exhibit 5.2

**CAPITAL FUNDING FLOW CHART**

Project Need



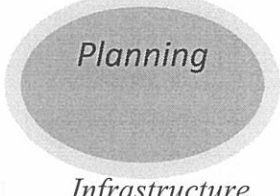
*Fleet*

*Power Improvements &  
Other Operational Projects*



*Acquisition*

*Reinvestment & Other  
Construction Projects*



*Long Range*

*Infrastructure  
& Feasibility Studies*

Assign Project Manager

Develop Capital Funding  
Request Including Conceptual  
Budget & Schedule



Funding Recommendation  
(Prioritized Funding Requests)

SOP 2.1

**PIAN**

**PROJECT INITIATION REPORT**

- A. Department Sponsor:**  
(Design & Construction), (Operations), (Operations Support), (Development), (Department of Transportation) etc.
- B. Project Number:** \_\_\_\_\_  
**Project Name:** \_\_\_\_\_  
  
(The number is for tracking reviews and comments on submissions. If the project originates externally to the MBTA, the number used for tracking purposes can be the number assigned by the owner or consultant on the project.)
- C. Project Category:** (Insert the source of the Project such as 5 Year Plan, TOD, Planning, etc.)
- D. Project Description/Scope**  
(Brief Description of project scope)
- E. MBTA Project Manager:** \_\_\_\_\_
- F. Directorate:** \_\_\_\_\_
- G. Support Services Required of Other Directorates:**
- H. Budget & Schedule**  
(Insert Conceptual Budget & Schedule for Capital Projects or Estimated Budget & Schedule for other projects)
- I. Funding Source**
- J. Special Instructions**
- K. Project Development Group (PDG)**  
(Check all that apply)

<input type="checkbox"/> <u>Design and Construction:</u> <input type="checkbox"/> QA Department <input type="checkbox"/> Design <input type="checkbox"/> Administration & Finance (Budget Analyst) <input type="checkbox"/> Other _____
<input type="checkbox"/> Systemwide Accessibility <input type="checkbox"/> Systemwide Maintenance and Improvements (SMI)
<input type="checkbox"/> Signal Department <input type="checkbox"/> Communications Department <input type="checkbox"/> Maintenance of Way
<input type="checkbox"/> <u>Operations Support:</u> <input type="checkbox"/> Power Division <input type="checkbox"/> Building Division



- Development   Planning   Environmental Affairs   Bus Operations   Safety Department
- Subway Operations:   Green Line   Orange Line   Red Line   Silver Line
- Railroad Operations   Water Transportation   Budget Department   Marketing   Department
- Intergovernmental and Public Affairs   Legal Department   Police Department
- AFC Department   Parking

Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Snr. Manager of Sponsoring Directorate

Concur: \_\_\_\_\_ Date: \_\_\_\_\_  
Snr. Manager of Supporting Directorate