

Project Discovery

Design-Build Repeat System Bid (RFP w/ spec) Competing Solution (RFP w/ no spec) Scope-Budget

Project Site

Company: _____

Project Name: _____

Project Address: _____

Project City, State, Zip _____

Building/Floor/Room(s): _____

Key Decision Stakeholders (Authority)

Project Main Contact: _____

Site Contact: _____

IT/Network Contact: _____

Architect/Consultant: _____

General Contractor: _____

Design/Solution Approval: _____

Programming Sign Off: _____

Implementation: _____

Change Order Approval: _____

Training: _____

Substantial Completion: _____

Support Contact (following completion): _____

Schedule Milestones

If Bid, Questions Due: _____

Pricing Due: _____

Anticipated Certificate of Occupancy: _____

Anticipated Integration Start Date: _____

Company Desired First Use Date: _____

Payment Type

- Check
- ACH / Wire Transfer
- 3rd Party (with fees)
- Other

Rate Structure

- Standard Rate Custom
- Union After Hours
- Prevailing Wage
- Government Contract (Federal/State/Local)

Construction

- New Construction Remodel Move
- No. of Project Meetings Expected: _____
- Disposal of Old Equipment
- Owner Integrator N/A

Additional Documents

- Construction Drawings Owner Furnished Equipment Existing Rack Layout
- Construction Specifications Existing Facility Plan Existing Equipment List
- Front End Section 27 Existing System Drawings Photos / Videos of Space & Rack

Overview

What motivated the request? _____

What is the business reason for doing this project? _____

What are the goals and objectives that you have for this project? _____

What specific concerns do you have for this project? _____

Is the A/V Integrator's current time line acceptable? _____

When is the room available for site inspection? _____

Is this project out for bid? _____ Is the incumbent bidding? _____

If so, who is bidding? _____

What would we have to do differently to unseat the incumbent? _____

Who will award the contract? _____

How will the decision be made? Price Schedule Experience Relationship Best Value Other

Budget

Has the budget been defined for the project? _____

If not, please indicate a target budget for design purposes: _____

Company fiscal year/budget period(s): _____

Terms

Terms are either monthly progressive or 40% down at the time of order, 40% when system delivery begins, and final 20% at sign off. 1.5%/month interest on accounts 20 days past due. Cancelled orders will incur a 25% restocking charge or the total of all incurred charges, whichever is greater.

Project Discovery

Type of Room

Room Name

- Auditorium Classroom Digital Signage Training Room
 Boardroom Conference Room Teleconferencing Room Other;

Room Specific Scope

Situation

Solution

Owner Furnished Equipment

Item	Manufacturer	Model	Notes

Equipment

<p>Display <input type="checkbox"/> N/A</p> <p>Projection</p> <p><input type="checkbox"/> 4:3 Qty: ____</p> <p><input type="checkbox"/> 16:9 Qty: ____</p> <p><input type="checkbox"/> 16:10 Qty: ____</p> <p><input type="checkbox"/> XGA</p> <p><input type="checkbox"/> WXGA</p> <p><input type="checkbox"/> HD</p> <p><input type="checkbox"/> Other;</p> <p>Screen</p> <p><input type="checkbox"/> Fixed Qty: ____</p> <p><input type="checkbox"/> Manual Pull Down Qty: ____</p> <p><input type="checkbox"/> Motorized Qty: ____</p> <p><input type="checkbox"/> Tensioned Qty: ____</p> <p><input type="checkbox"/> Rear Qty: ____</p> <p>Flat Panel</p> <p><input type="checkbox"/> 42" Qty: ____ <input type="checkbox"/> 75" Qty: ____</p> <p><input type="checkbox"/> 55" Qty: ____ <input type="checkbox"/> 86" Qty: ____</p> <p><input type="checkbox"/> 65" Qty: ____ <input type="checkbox"/> 90"+ Qty: ____</p> <p><input type="checkbox"/> Video Wall Qty: ____</p> <p>Interactive</p> <p><input type="checkbox"/> Front Projection Qty: ____</p> <p><input type="checkbox"/> Short Throw Qty: ____</p> <p><input type="checkbox"/> Symposium Qty: ____</p> <p><input type="checkbox"/> Table Qty: ____</p> <p>Visual Acuity</p> <p><input type="checkbox"/> Inspection (4x)</p> <p><input type="checkbox"/> Detail (6x)</p> <p><input type="checkbox"/> General Viewing (8x)</p>	<p>Video Sources <input type="checkbox"/> N/A</p> <p>Laptop</p> <p><input type="checkbox"/> In Wall Qty: ____</p> <p><input type="checkbox"/> Floor/Table Qty: ____</p> <p><input type="checkbox"/> Lectern Qty: ____</p> <p>Desktop</p> <p><input type="checkbox"/> Local Monitor Qty: ____</p> <p><input type="checkbox"/> Wireless KB Qty: ____</p> <p>Video Conference</p> <p><input type="checkbox"/> Portable Qty: ____</p> <p><input type="checkbox"/> Installed Qty: ____</p> <p><input type="checkbox"/> Bridging <input type="checkbox"/> Scheduling</p> <p><input type="checkbox"/> Recording <input type="checkbox"/> Skype FB</p> <p>Codec provided by us? _____</p> <p>Other</p> <p><input type="checkbox"/> DS Media Player Qty: ____</p> <p><input type="checkbox"/> DVD/Blu-Ray Qty: ____</p> <p>Furniture <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Lectern Qty: ____</p> <p><input type="checkbox"/> Credenza Qty: ____</p> <p><input type="checkbox"/> Workstation/Console Qty: ____</p> <p>Broadcast/Production <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Conversion Equip.</p> <p><input type="checkbox"/> Desktop Editing</p> <p><input type="checkbox"/> Control Room</p> <p><input type="checkbox"/> Studio</p> <p><input type="checkbox"/> Video Servers</p>	<p>Audio Sources <input type="checkbox"/> N/A</p> <p>Microphones - Wired</p> <p><input type="checkbox"/> Handheld Qty: ____</p> <p><input type="checkbox"/> Lavalier Qty: ____</p> <p><input type="checkbox"/> Ceiling Qty: ____</p> <p><input type="checkbox"/> Table Qty: ____</p> <p>Microphones - Wireless</p> <p><input type="checkbox"/> Handheld Qty: ____</p> <p><input type="checkbox"/> Lavalier Qty: ____</p> <p><input type="checkbox"/> Table Qty: ____</p> <p>Audio Conference</p> <p><input type="checkbox"/> Portable Qty: ____</p> <p><input type="checkbox"/> Installed Qty: ____</p> <p>Telephone Line Type _____</p> <p>Other</p> <p><input type="checkbox"/> iPod <input type="checkbox"/> CD</p> <p>Audio</p> <p><input type="checkbox"/> Mono/70v</p> <p><input type="checkbox"/> Stereo</p> <p><input type="checkbox"/> LCR</p> <p><input type="checkbox"/> Surround</p> <p><input type="checkbox"/> Distributed</p> <p>Pro Services <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Bridging</p> <p><input type="checkbox"/> Video</p> <p><input type="checkbox"/> Recording</p> <p><input type="checkbox"/> Streaming</p> <p><input type="checkbox"/> Acoustical Treatment</p>	<p>AUX Inputs <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Wall Qty: ____</p> <p><input type="checkbox"/> Table Qty: ____</p> <p><input type="checkbox"/> HDMI Qty: ____</p> <p><input type="checkbox"/> Display Port Qty: ____</p> <p><input type="checkbox"/> USB-C Qty: ____</p> <p><input type="checkbox"/> Lightning Qty: ____</p> <p><input type="checkbox"/> Audio XLR Qty: ____</p> <p><input type="checkbox"/> Audio 3.5mm Qty: ____</p> <p>Control <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Q-Sys</p> <p><input type="checkbox"/> Crestron</p> <p><input type="checkbox"/> Extron</p> <p><input type="checkbox"/> Other;</p> <p>Including:</p> <p><input type="checkbox"/> Lighting <input type="checkbox"/> Shades</p> <p>Other <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Sound Masking / Paging</p> <p><input type="checkbox"/> Emergency Broadcast</p> <p><input type="checkbox"/> Data Cabling</p> <p>Digital Signage <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Hosted <input type="checkbox"/> On Premise</p> <p><input type="checkbox"/> Unknown Qty: ____</p> <p><input type="checkbox"/> Creative Content</p> <p>Support <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> System</p> <p><input type="checkbox"/> Products</p> <p><input type="checkbox"/> Technical Staffing</p>
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Project Discovery

Additional Notes

Sketch

Room Name