

Attachment 1: Overall Project Health Form

Note: If an awarded applicant plans to implement 3 different recommendations (e.g., LED light replacement, HVAC replacements, and solar panel installation), then fill out 3 separate forms for each recommendation

Date of third quarter report: _____

Performer Project Lead Name:	
Performer Organization:	
Performer Facility Address	
Performer City, State, Zip Code:	

Recommendation Name:	
Recommendations Start Date:	

Project Health Indicators:

The performer project team has assigned the following health indicators for the project scope, schedule and budget:

	Health Indicator (Green, Yellow, or Red)	Comments (Required)
Scope		
Schedule		
Budget		

Green = Project is on track; Yellow = Project has a few issues, but issues are being managed and closely monitored; Red = Project has serious issues, estimated deadlines are being missed

Project Progress/Accomplishments: Overview on implementation progress & accomplishments to date:

Project Concerns and/or required support: Overview on any concerns on project meeting aligned scope
This document does not prescribe or approve any specific changes to the project scope or budget. Such changes must be undertaken with the approval of the Department of Energy

Performer Project Lead Name:	
Performer Project Lead Signature:	