

Required *

Asset Assignment Criteria Form

Details			Criteria	Concerned Authority	No.
<input type="checkbox"/> Vacant land <input type="checkbox"/> Existing building <input type="checkbox"/> Vacated building <input type="checkbox"/> Stalled And Rescinded project <input type="checkbox"/> Other ▪ If the asset is a building or part of a building, write its name: If the building is vacated or the project is stalled and rescinded (Attach a copy of the decision) Decision Number: Date of Decision: / /			Asset Status *	School Planning	1
<input type="checkbox"/> No planning need <input type="checkbox"/> There is a planning need, expected period to start needing the asset after: Is there a previously submitted form (Programming / Capacity and Demand)? (Attach a copy of the form) <input type="checkbox"/> Yes, its date: / / <input type="checkbox"/> No			The need		2
Is the city among the investors' preferred locations?	Is the district within investors' preferences?	Is the district classified as a critical area?	Location Attractiveness	Investment & Partnerships	3
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any blockers preventing the investment in the asset ?			Investment Blockers *		4
Partial (An illustrative sketch of the part intended for investment must be attached) <input type="checkbox"/> Educational <input type="checkbox"/> Commercial <input type="checkbox"/> Other			Full <input type="checkbox"/> Educational <input type="checkbox"/> Commercial <input type="checkbox"/> Other	Investment Proposal	5
Are there any previous financial dues (electricity bills / water bills / previous investor / etc.)?			Financial Dues*	Shared Services (Finance Department)	6
<input type="checkbox"/> Yes, and the last action taken.....: <input type="checkbox"/> No					
Has the asset (if it is a building) been cleared of all custody items?			Custody Items*		7
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Account Number:	<input type="checkbox"/> Meter Numbers:		Electricity Meters*		8
<input type="checkbox"/> Account Number:	<input type="checkbox"/> Meter Numbers:		Water Meter*		9

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<input type="checkbox"/> Ministry of Education <input type="checkbox"/> Education Department <input type="checkbox"/> Other				Asset Ownership*	Shared Services (Security, Safety & Facilities Department)	10			
Reference									
<input type="checkbox"/> Deed <input type="checkbox"/> Building Permit <input type="checkbox"/> Receipt Record <input type="checkbox"/> Survey Decision <input type="checkbox"/> Allocation Decision <input type="checkbox"/> Regulatory Sketch <input type="checkbox"/> Other.....									
<input type="checkbox"/> Ownership Document Number <input type="checkbox"/> Ownership Document Date / /									
Reference									
<input type="checkbox"/> Deed <input type="checkbox"/> Building Permit <input type="checkbox"/> Receipt Record <input type="checkbox"/> Survey Decision <input type="checkbox"/> Allocation Decision <input type="checkbox"/> Regulatory Sketch <input type="checkbox"/> Other.....									
<input type="checkbox"/> Plot Number <input type="checkbox"/> Plan Number				Regulatory Plan*	11				
Reference				Asset Area*	Shared Services (Security, Safety & Facilities Department)	12			
<input type="checkbox"/> Deed <input type="checkbox"/> Building Permit <input type="checkbox"/> Receipt Record <input type="checkbox"/> Survey Decision <input type="checkbox"/> Allocation Decision <input type="checkbox"/> Regulatory Sketch <input type="checkbox"/> Other.....									
<input type="checkbox"/> Area (in words) : <input type="checkbox"/> Area (in numbers) <input type="checkbox"/> Asset Area Document Number : <input type="checkbox"/> Asset Area Document Date : / /									
<input type="checkbox"/> Operational <input type="checkbox"/> Requires Renovation and Rehabilitation <input type="checkbox"/> Dilapidated <input type="checkbox"/> Other				Structural Condition* (if the asset is a building)		13			
Is there a demolition decision? (Attach a copy of the decision)									
<input type="checkbox"/> Yes *decision number Decision Date: / / <input type="checkbox"/> No									
<input type="checkbox"/> North:		<input type="checkbox"/> East:		<input type="checkbox"/> South:		<input type="checkbox"/> West:		Asset Dimensions*	14
<input type="checkbox"/> North : <input type="checkbox"/> Commercial Street <input type="checkbox"/> Internal Street <input type="checkbox"/> Other				<input type="checkbox"/> South:..... <input type="checkbox"/> Commercial Street <input type="checkbox"/> Internal Street <input type="checkbox"/> Other				Asset Boundaries*	15
<input type="checkbox"/> East: <input type="checkbox"/> Commercial Street <input type="checkbox"/> Internal Street <input type="checkbox"/> Other				<input type="checkbox"/> West: <input type="checkbox"/> Commercial Street <input type="checkbox"/> Internal Street <input type="checkbox"/> Other					

Details					Criteria	Concerned Authority	No.
Region	Governorate	City	District	Short National Address	Asset Location *	Shared Services (Security, Safety & Facilities Department)	16
Longitude		Latitude					
Aerial Photograph							

Investment and Partnerships	Safety, Security, and Facilities	Planning	Shared Services