



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 Stalled And Rescinded project 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If the building is vacated or the project is stalled and rescinded (Attach a copy of the decision) Decision Number: Date of Decision: / /				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



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



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