**Office of Project Management Oversight and Assessments**

**ICE/ICR SCOPING MEETING AGREEMENT FORM**

Meeting conductedonDate of Scoping Meeting

**Project Information**

Project Name

Project ID PARSII ID

**Attendees:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Organization/Position** | **Phone/Email** | **Signature** |
|  | PM ICE/ICR Lead |  |  |
|  | FPD |  |  |
|  | PMSO |  |  |

**Stakeholder List:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Organization** |
|  | Project Management Executive |  |
|  | DOE Program Manager |  |
|  | PMSO Director/Associate Administrator |  |

**Summary of ICE/ICR**: Describe the project current project status. Include the purpose of the ICE/ICR including meeting critical decision requirements.

Discuss in a bulletized list:

* Assumptions including availability of funding for ICE/ICR support contractors
* Constraints of the ICE/ICR.

**Summary Schedule:**

|  |  |  |
| --- | --- | --- |
| **Description** | **Start Date** | **End Date** |
| Sufficiency Review |  |  |
| Notification to proceed for ICE/ICR from sufficiency review |  |  |
| Conduct ICE/ICR |  |  |
| *(if applicable)* On-Site Visit |  |  |
| Reconciliation |  |  |
| Issue Draft Report |  |  |
| Issue Final Report |  |  |
| PMRC Presentation |  |  |

**Summary Costs:**

Expected costs to complete review scope.