



# IIC Scope of Project Check List

Today's Date \_\_\_\_\_ What is the Budget? \_\_\_\_\_

Project Title \_\_\_\_\_ JT# \_\_\_\_\_

All projects are estimated with 3 rounds of review. If your projects usually require more please let us know ahead of time. Copy should be provided as close to the final product as possible unless Image Is.. is providing the copy. If you have any questions about this form or the process please let us know.

## Scope of Project

Write a brief description of the project:

---

---

---

Who is the Audience? \_\_\_\_\_

---

What is the expected performance of this project? \_\_\_\_\_

---

Who will be using this? \_\_\_\_\_

---

Copy will be supplied by:  Client  Image Is...  Other Explain \_\_\_\_\_

Photos will be supplied by:  Client  Image Is...  Other Explain \_\_\_\_\_

Other materials needed to complete this project. \_\_\_\_\_

---

Additional Notes: \_\_\_\_\_

---

Image Is... understands the process to produce a successful project on time and on budget. We make every effort to ensure your project will be a success. We understand that on occasion a project will change scope or new information will need to be added. However, we cannot guarantee that these changes will fall under the current scope or the current budget. Please remember during the process that adding and changing information may impact the final invoice. While we make every effort to inform the client along the way it is also your responsibility to ask. The estimate you will receive for this project is good for 90 days. The estimate is based on our conversations and our understanding of the scope of the project. Please fill out this form as completely as possible to help us make your project a success. The estimate is subject to change according to the complexity and changing variables of the project. The estimate will not include additional outside vendor services such as courier, shipping, travel, or purchasing of additional materials unless otherwise stated. This form is necessary before an estimate can be provided.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed form to 303-484-2952