



REQUEST FOR PROJECT-RELATED STAFF APPROVALS

FORM A

To: Associate Commissioner of Real Estate & Facilities

Institution Name:		IHL Staff Use Only
Project Number:		
Project Name:		
Design Professional:		
General Contractor:		
IHL BOARD Approved Budget:		

I. Actions Requiring System Office Staff Approval/Submission

Check all that apply:

Approval Requested	Estimate Attached		Approval Requested	
√	√	Please attach estimates where applicable	√	
<input type="checkbox"/>	<input type="checkbox"/>	Schematic Design	<input type="checkbox"/>	Advertise/Receive Bids <input type="checkbox"/> ReBid of Project (see Section IV below)
<input type="checkbox"/>	<input type="checkbox"/>	Design Development	<input type="checkbox"/>	Award of Project : <input type="checkbox"/> Certified Bid Tabulation Attached (required)
<input type="checkbox"/>	<input type="checkbox"/>	Contract Documents <input type="checkbox"/> Energy Model	<input type="checkbox"/>	Waiver of Design Development Submittal
<input type="checkbox"/>	<input type="checkbox"/>	Change Order (requires submission of Change Order Summary - Form C.) Indicate C.O. # & Amt. to Right		C.O. #
<input type="checkbox"/>		Master Plan 10-Year Update		C.O. Amt.

II. Actions Requiring System Office Staff Notification

Submittal	
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<input type="checkbox"/>	Notification of Project (for projects \$1M and less utilizing any State and/or Federal funds. List Fundings Sources and Amounts in Sec IV)
<input type="checkbox"/>	Change in Total Project Budget (Projects \$1M and less)

III. Phased Project Budget Breakdown (If applicable)

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	Original Construction Contract Amount <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
	Design Professional Fees	
	Miscellaneous Project Costs	
	Furniture & Equipment (if applicable)	
	Total Phased Project Change Orders	
	Contingency	
	Total Phased Project Budget	

IV. Additional Information (Must Provide Funding Sources and Amounts)

For Re-Bid of Project, include justification, circumstances, brief history and date of original bid.

V. Total Project Budget Breakdown

	Original Construction Contract Amount (All Contracts) <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
	Design Professional Fees
	Miscellaneous Project Costs
	Furniture & Equipment (if applicable)
	Total Project Change Orders (including any Change Order requested herein)
	Contingency
	TOTAL PROJECT BUDGET (Increases in total budget for projects over \$1M requires Board of Trustees approval, Form B)

VI. Certification and Approvals

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<input type="checkbox"/>	I certify the four conditions (Scope, Budget, Funding Source, Design Professional) approved by the Board have NOT changed.
	Date Signed: _____
	Date Signed: _____
Institution's Executive Officer's Signature: <i>(if applicable per the institution)</i>	Date Signed: _____
Associate Commissioner for Real Estate & Facilities Approval Signature:	Date Signed: _____