Project Estimate and Funding Request

To:

From:      , Supervisor/Planner/Project Manager

Date:

# Project Information

This agreement serves to document the funding commitments and outline the general assumptions of the below referenced project.

# Executive Summary

Summary of Customer Request – **Describe in detail project requirements**

Total Estimated Costs (See attached for detailed breakdown)

Baseline: $

Option #1: $

Option #2: $

|  |  |
| --- | --- |
| Project Name: |  |
| Project Number: |  |
| Building Number: |  |
| Building Name: |  |
| Floor/Room Numbers: |  |

In order for the project to proceed into contracts for Planning services,  'X' dollars   must be transferred to FMD. A new cost center will be created exclusively for this project and reconciliation done monthly and available for your review.

Prior to awarding the contract for construction, full project funding is required if the project budget exceeds $15,000. If the project budget is less than $15,000, the cost of the work will be billed to the department upon completion of the work.

The final Total Project Budget may increase as bid documents are developed, after construction contracts have been awarded, after project completion or due to overruns, delay claims or unforeseen conditions. The department shall be responsible for these additional costs. An addendum to the Project Control budget and Project Funding Agreement will be required and will be numbered sequentially.

This estimate is valid until 30 days from the date of this letter.

A budget worksheet is attached for your information.

# Details of Estimate

Detailed Description of All Work to be Accomplished – Baseline project requirements to meet needs and code.

# Options

Option #1 Detailed Description –

Option #2 Detailed Description –

# Schedule

Baseline:

Estimated Schedule is start date       finish date      Total duration is       working days.

Option #1:

Estimated Schedule is start date       finish date      Total duration is       working days.

Option #2:

Estimated Schedule is start date       finish date      Total duration is       working days.

# Response

If you wish to proceed, please provide the appropriate funding information requested below and return it before the date indicated above. Please contact me with any questions regarding this estimate.

[ ]  I wish to proceed with the baseline scope of work.

[ ]  I wish to proceed with the above-noted work and the following options:

 [ ]  Option 1 – $

 [ ]  Option 2 – $

[ ]  I do not wish to proceed with the above-noted work.

Total amount approved – $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source of funds for projects greater than or equal to $15,000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Requestor Name      | Phone      | Email      |
| Requestor Signature | Date      |

Cost Center Information:

|  |  |
| --- | --- |
| Org (REQUIRED)      |  |
| Account      |  |  |

Please sign and return to \_\_\_\_\_\_\_\_\_\_\_, Supervisor/Planner/Project Manager, WUSM Facilities Management Department. E-mail - \_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Project File

 Project Controls Coordinator