Limited Scope Agreement

To:

From:      , Supervisor/Planner/Project Manager

Date:

# Project Information

This letter serves to document the project’s scope, budget and funding source.

# Executive Summary

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

Total Estimated Costs (See attached for detailed breakdown)

Baseline (time & labor): $

|  |  |
| --- | --- |
| Project Name: |  |
| Project Identifier (Number): |  |
| Building Number: |  |
| Building Name: |  |
| Floor/Room Numbers: |  |

The final Total Project Budget may increase if change orders are requested or the bid acceptance exceeds 30 days. If the bid acceptance exceeds 30 days, an updated estimate will be provided to the customer for review and acceptance prior to the initiation of any new work.

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

A budget worksheet is attached for your information.

# Scope of Work (details)

# Schedule

Baseline:

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 noted scope of work.

[ ]  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 Operations & Facilities Management Department. E-mail - \_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Project File

 Project Controls Coordinator