TODAY’S DATE

NAME OF RECIPIENT

TITLE

COMPANY

ADDRESS

CITY & ZIP CODE

**RE:** Selection of Architect for Design Phase Services (MODIFY SUBJECT AS REQUIRED)

 Washington University School of Medicine

 PROJECT NAME

Dear NAME OF RECIPIENT,

On DATE, Washington University School of Medicine approved the establishment of a project/plant fund in the amount of $XXXXX for the development of RFP’s for the project Architectural Planning Firm associated with the construction of PROJECT DESCRIPTION.

The School of Medicine recommends the approval of SELECTED DESIGN FIRM as the project architectural planner along with a multidisciplinary team including:

* MEP Engineering: SELECTED DESIGN TEAM
* Structural Engineering: SELECTED DESIGN TEAM
* Civil Engineering: SELECTED DESIGN TEAM

Please find below a description of the process that the School of Medicine went through leading to the selection of this team.

INSERT NARRATIVE OF DESIGN TEAM SELECTION PROCESS – Include representatives included in process, number of firms solicited for proposal, number of proposals received, details of summary/scoring sheet, related experience, creativity, fees, etc. Include number of firms participating in interviews with the selection committee.

Upon completion of the interviews, the selection committee held a detailed discussion regarding the information presented by the firms. Upon completion of the discussion, consensus was reached with yielded the selection of SELECTED DESIGN FIRM as the project Architectural Planner.

Sincerely,

YOUR NAME

TITLE

Washington University School of Medicine