Additional Services Authorization Request

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project:** | USF- |  | **Requested:** |  |
| Project Name |  |
| **Date:** | Click here to enter a date. |  |  | Signature: A/E Name |
| **Type:** | New Authorization  Revised Authorization  **ASA      , R** |  | **Recommended:** |  |
|  |  | Signature: USF PM Name |

The above signed concurs in the request of the Project A/E for a new or revision to an Additional Services Authorization (ASA) and recommends an ASA or a revision to an ASA be issued for the services described below, under the terms of the **Agreement**, **Paragraph 00**.

**A. Service Proposed & Justification:** A/E shall provide a brief description of the proposed service.

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|  |

**B. Cost Proposal:**

|  |  |  |
| --- | --- | --- |
| **Consultant:** | **Service: \*** | **Maximum Authorized Cost:** |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
|  |  | (  LS ) / (  NTE ) $0,000.00 |
| Administrative fee | **8.0** % of Consultants’ fee only **\*\*** | (  LS ) / (  NTE )$0,000.00 |
| **\*** Provide a brief heading; details are to be provided in the proposal.  **\*\*** Administrative fee is not paid on consultants who are already included in the design team providing basic services. | | **Total: $0,000.00** |

**C. Required Time of Completion:**

Not Applicable

The required services shall be completed and deliverables made on: **Month 00**, **0000**

**D. Project Manager Checklist:** USF-PM Project Manager shall verify the Checklist.

|  |  |  |
| --- | --- | --- |
| **1.** | Yes | Unencumbered funds are available within the approved budget |
| **2.** | Yes | A/E recommendation/proposal is attached |
| **3.** | Yes | All consultants' proposals are attached |
| **4.** | Yes | Recommendation/proposal includes due dates for each deliverable |
| **5.** | Yes | All calculations in recommendation/proposals have been verified and are accurate |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved:** |  |  |  |
|  | AVP, Facilities Management (or designee) |  | Date |

**Copy:**      , USF Project Manager

     , USF Business Services

**File:** PSG-Exhibit 14-Additional Services Authorization Request.docx