

Project Name:
Project Address:
Work Location:
Type of Facility:
Estimated Project Cost:

Request Number:
Request Date:
Department:
Contact Name:
Contact Phone:
Contact Email:

DETAILED DESCRIPTION OF THE PROJECT:

PROJECT DETAILS:

- Project Type/Funding: Minor Capital Outlay
 Support Funded
 Section 6.1
 Other
- Construction Approach: Contractor
 Conservation Corps
 Direct Construction Unit
 Other Detail in Project
- Required Disciplines: Civil
 Architectural
 Structural
 Electrical
 Mechanical
 Specialty Consultant
- Required AHJ Reviews¹: SFM
 DSA
 OSHPD
 CDPH
 SHPO

BUILDING IMPACTED SYSTEMS²:

- Fire/Life Safety Accessibility Structural Mechanical Electrical

SPECIAL PROJECT CONSIDERATIONS:

- Hazmat Abatement Required Involves Demolition

BASIS FOR COST ESTIMATION:

Briefly describe the process used to arrive at the Estimated Project Costs. If the project is not Minor Capital Outlay, Support Funded, or funded from Section 6.1 of the Budget Act, detail the funding source below.

¹ Code inspections and CEQA documentation shall generally not be delegated and be performed by DGS.

² Projects in DGS-managed buildings that materially impact any of these systems shall not be delegated, except in rare instances.

Explanation of Design Capabilities **Regulations** **In-House Design** **DGS Design Staff**

If “Regulations” is selected, provide a working hyperlink (or attach a copy of) to your department-specific, approved regulations conforming to GC 4526 that would govern the solicitation. If “In-House Design” is selected, please describe the A&E professionals the department employs that are relevant to the project, their years of experience, whether they are licensed, and relevant experience with projects.

Department’s History Successfully Completing Projects with Similar Scope/Complexity:

Briefly provide information sufficient for DGS to be able to assess whether your department has a successful track record with this type of project.

DEPARTMENT AUTHORIZATION³:

| | | | |
|-----------------|---------------|-------|------|
| First Name | Last Name | Title | Date |
| Department Name | Division Name | | |

³ The Form 23 MUST be signed by a Branch Chief (or equivalent) or higher