



Facilities Planning Policy & Procedure #8

TITLE: ARCHITECT/ENGINEER ADDITIONAL SERVICE AUTHORIZATION
MAJOR PROJECTS

OBJECTIVE AND PURPOSE: To ensure services have been approved by the University prior to providing Additional Services

RESPONSIBILITY **ACTION**

- A/E**
 - ◆ Prepare and submit a ***Request for Additional Services Authorization (Attachment A)*** (A/E to reference contract article that additional service is being requested under)

- PROJECT MANAGER**
 - ◆ Review A/E's additional service authorization request and a ***Request For Additional Services Authorization (Attachment A)***
 - ◆ Route to Associate Director

- ASSOCIATE DIRECTOR**
 - ◆ Review and initial; route to Administrative Office Coordinator

- ASSISTANT DIRECTOR**
 - ◆ Verify funding availability
 - ◆ Route to Administrative Office Coordinator

- ADMINISTRATIVE OFFICE COORDINATOR**
 - ◆ Prepare ***Additional Services Authorization (Attachment B)***
 - ◆ Print 4 ***Additional Services Authorizations (Attachment B)*** on yellow paper for original signature and clip them to the A/E contract file folder.
 - ◆ Route ASA's and A/E contract file folder to Senior Accountant

- SENIOR ACCOUNTANT**
 - ◆ Verify funding and initial all originals
 - ◆ Obtain Director's signature on all 4 originals
 - ◆ Update budget information in computer
 - ◆ Make copies of backup and distribute to A/E, FAU Office of the Controller, Office of the State Comptroller, A/E Contract file, Project Manager
 - ◆ File in A/E Contract file

- REFERENCE:**
 - ◆ SUS Professional Services Guide July 1994 – Article 7 – 7.1

- ATTACHMENT:**
 - ◆ ***Request for Additional Service Authorization – Attachment A***
 - ◆ ***Sample of Additional Service Authorization – Attachment B***

Issued By: Nelson	Date Issued: 4/01/01	Date Revised:	Effective Date: 4/01/01
APPROVED	Vice President	Associate V.P.	Director

REQUEST FOR ADDITIONAL SERVICES AUTHORIZATION

TO	FLORIDA ATLANTIC UNIVERSITY RECOMMENDED BY:
	Signature – Project Manager
	Print Name
	DATE:
The above signed concurs in the request/recommendation of the Project AE, and recommends that an Additional Services Authorization be issued for the services describe below:	
BR- Project Name: A/E Name: _____ New Authorization _____ Revised Authorization (No. _____) Agreement Article Ref. No. _____	
Description of Services:	
Required time of completion:	
Recommended Amount: _____ Lump Sum* _____ Not-to-exceed**	
*Lump sum requests must be accompanied by a <u>detailed</u> proposal (breakdown of hours and hourly rates) from the A/E and any consultants being used; or must be based on the fee curve **Not-to-exceed authorizations do not require a detailed proposal, but must be invoiced with timesheets	
Method of	Monthly, upon submission of detailed invoice, incl. Timesheets (not-to-exceed authorizations)
Payment	Upon final completion of services
(check one)	Other (describe; lump sum payments must be associated with a deliverable, and any interim payment amounts must be identified)
Additional information:	
CHECKLIST:	
	Unencumbered funds are available within the approved budget
	A/E recommendation/proposal is attached
	All consultants' proposals are attached
	Recommendation/proposal includes due dates for each deliverable
	All calculations in recommendation/proposals have been verified and are accurate
APPROVED	
_____ FAU Associate Director	_____ (date)
Revised 8/12/91	

ATTACHMENT A

(FAU Facilities Planning
Letterhead)

ADDITIONAL SERVICES AUTHORIZATION

Date: (mm/dd/year)

Authorization No: (X)

To: (A/E Firm Name)
(Address)
(Address)

Project No: (BT-6XX)
Project Name: (Project Name)

From: (Project Coordinator Name)
(Title)

Under the terms of the Agreement Between Owner & A/E, Article No. (X.XX) you are hereby authorized to perform or direct the following Additional Services:
(Provide a brief description of the work.)

Consultant: (Consultant's Name(s) (or None if all additional services are done by the A/E alone))

Authorized Cost: \$ (XXXX.XX, Lump Sum (or Hourly, Not-to-Exceed))

Your request/recommendation letter dated (mm/dd/year) is approved and you and/or your consultant(s) are directed to proceed. Services shall be completed in accordance with the schedule provided in your request/recommendation letter. (Lump Sum payments must be associated with a deliverable and any interim payment amounts must be identified.) Payment shall be made upon FAU's receipt and approval of a detailed invoice.

Please invoice in accordance with the following instructions:

Submit a signed original and four copies of the invoice as specified in your Agreement and in the **Professional Services Guide**. Attach the following to the original and all four copies of the invoice: a copy of this Authorization; for not-to-exceed authorizations based on hourly rates, a sheet displaying computations of hours and salary rates used to arrive at the invoiced amount and copies of time sheets; and consultant's invoice(s), where applicable, indicating your firm's approval; and, any other documents necessary to substantiate the invoice. For services to be paid directly to an authorized consultant, indicate separate payment on the invoice in the space provided.

Authorized By: _____
Raymond Nelson, Director

pc: FAU Office of the Controller
BT-6XX A/E Contract File

ATTACHMENT B