

## STATEMENT OF FINAL ACTUAL PROJECT COST

To be filed by the owner upon completion of construction, as required by the California Code of Regulation (CCR), Title 24, Part 1, Section 4-339, or CCR Sections 5-105 and 5-107 for access compliance projects.

Owner/School District:	DSA File #: -
Project Name/School:	DSA App. #: -
Scope of Work:	
Was any scope or any element from the original approved construction documents not constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the construction documents include any alternate designs that were not constructed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**FOR LINES 1, 2, 3, 4 AND 6 ..... ENTER COST AMOUNTS AS A POSITIVE NUMBER OR ZERO.  
 FOR LINE 5 ..... ENTER COST AMOUNT AS A NEGATIVE NUMBER OR ZERO.**

*If spaces below are left blank, this form will be considered incomplete.*

1.	Total original construction contract amount (exclude allowances/contingencies)	\$
2.	Total <b>increases</b> to contract amount (change orders & used allowances/contingencies)	\$
3.	Total construction management amount	\$
4.	<b>Project cost for DSA fee reconciliation</b> <span style="float: right;"><i>(Sum of lines 1, 2, and 3)</i></span>	<b>\$</b>
5.	Total <b>decreases</b> to contract amount (deductive change orders)	- \$
6.	Final actual project cost <span style="float: right;"><i>(Sum of lines 4 and 5)</i></span>	\$

**DISTRICT/OWNER CERTIFICATION:**

***The person signing this form must be one of the following or hold a district / owner equivalent position:  
 School District Superintendent; College Chancellor; Chief Business Officer or Chief Financial Officer.***

I certify, under penalty of perjury, under the laws of the State of California, that the information reported on this form is true and correct.

I certify that the documentation supporting the information reported on this form is available at the district's/owner's office for review upon request by the Division of the State Architect (DSA).

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
 (see note above)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Submit completed form to the DSA Regional Office with construction oversight authority for the project.**

<input type="checkbox"/> <b>DSA OAKLAND</b> 1515 Clay Street, Suite 1201 Oakland, CA 94612	<input type="checkbox"/> <b>DSA SACRAMENTO</b> 1102 Q Street, Suite 5200 Sacramento, CA 95811	<input type="checkbox"/> <b>DSA LOS ANGELES</b> 355 South Grand Ave., Suite 2100 Los Angeles, CA 90071	<input type="checkbox"/> <b>DSA SAN DIEGO</b> 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127
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**STATEMENT OF FINAL ACTUAL PROJECT COST**

**GUIDELINES FOR COMPLETION OF DSA 168 STATEMENT OF FINAL ACTUAL PROJECT COST**

The Form DSA 168 is to be used by project owner to report final actual project costs upon completion of construction for projects subject to review and approval by the Division of the State Architect (DSA) pursuant to Section 4-301 et seq. of the California Building Standards Administrative Code [Part 1, Title 24, California Code of Regulations (CCR)]. or CCR Section 5-105 and 5-107 for access compliance projects.

The Form DSA 168 shall also be used for projects involving access compliance review only. Print or type all information. Use black ink, as the form will be photocopied for DSA use. Incomplete submittals will be returned to the project owner.

**DSA FILE NUMBER**

Provide the DSA file number as it appears on the DSA plan approval letter for the project.

**DSA APPLICATION NUMBER**

Provide the DSA application number assigned to the project by the DSA Regional Office.

The number is available on the DSA approved construction documents, DSA plan approval letter, and through DSA's online Project Tracking System available at [www.apps.dgs.ca.gov/tracker/default.aspx](http://www.apps.dgs.ca.gov/tracker/default.aspx).

**PROJECT NAME**

Identify the school, facility or project name as it appears on the DSA plan approval letter.

**OWNER/ DISTRICT**

Provide the name of the owner of the facility.

**SCOPE OF WORK**

List the scope of work as it appears on the DSA Plan Approval letter (or provide DSA approved scope changes and identify the means of change ie: CCD#, etc.) DSA must determine if any scope or elements or any alternates included in the original construction documents, approved by DSA, were not constructed since this would preclude refund of fees.

Note: If completing this form electronically, the form will automatically calculate and enter the amounts on lines 4 and 6.

**LINE 1 TOTAL ORIGINAL CONSTRUCTION CONTRACT AMOUNT**

Enter the total original construction contract amount (for multi-prime contractor projects enter the sum of all the original contract amounts). Include all costs as defined in CCR Title 24, Part 1, Section 4-322 or Section 5-105 and section 5-107 for all work included in the approved plans and specifications, including any and all alternates. Do not include allowance/contingency amounts.

**LINE 2 TOTAL CHANGE ORDER AMOUNT FOR ADDITIVE CHANGE ORDERS**

Enter the total increases to the original contract amount due to increased costs from change orders, allowances/contingencies used, and other contract

amendments. Include the estimated value of work performed by any school/community college district employees and/or volunteers and for any donated materials or materials provided by the district.

If there are no additive changes to the contract amount(s), enter "0". If left blank, the form will be returned to project owner as an incomplete submittal.

**LINE 3 TOTAL CONSTRUCTION MANAGEMENT AMOUNT**

Enter the total cost of construction management services as required by CCR Title 24, Part 1, Section 4-322. or Section 5-105 and section 5-107. Also see DSA Interpretation of Regulations (IR) A-23 for additional information. If no reportable construction management services (as described in DSA IR A-23) are applicable to the contract, enter "0". If left blank, the form will be returned to project owner as an incomplete submittal.

**LINE 4 PROJECT COST FOR DSA FEE RECONCILIATION**

Enter the sum of lines 1, 2, and 3. This amount will be used by the DSA to determine the need to assess further fees in accordance with CCR Title 24, Part 1, Section 4-325 or Section 5-105 and section 5-107.

**LINE 5 TOTAL CHANGE ORDER AMOUNT FOR DEDUCTIVE CHANGE ORDERS**

Enter the total decreases to the original contract amount due to decreased costs from change orders and other contract amendments. Enter a negative dollar amount, or, if there are no deductive changes to the contract amount(s), enter "0". If entering a dollar amount, precede it with a minus (-) sign. The preprinted minus sign is only a reminder. If left blank, the form will be returned to project owner as an incomplete submittal.

**LINE 6 FINAL ACTUAL PROJECT COST**

Enter the sum of lines 4 and 5.

**District/Owner Certification:**

*The person signing this form must be one of the following or hold a district / owner equivalent position: School District Superintendent; College Chancellor; Chief Business Officer or Chief Financial Officer.*