

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 Reviews<sup>1</sup>:  SFM  
 DSA  
 OSHPD  
 CDPH  
 SHPO

**BUILDING IMPACTED SYSTEMS<sup>2</sup>:**

- 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.

<sup>1</sup> Code inspections and CEQA documentation shall generally not be delegated and be performed by DGS.

<sup>2</sup> 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 AUTHORIZATION<sup>3</sup>:**

First Name	Last Name	Title	Date
Department Name	Division Name		

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