



MIAMI-DADE COUNTY PUBLIC SCHOOLS AUTHORIZATION FOR ADDITIONAL ARCHITECTURAL/ENGINEERING SERVICES

A/E Firm: _____

A/E Principal/Partner: _____
Name
Signature
Date

Project: _____

Project No.: _____ Additional Services Ref. No.: _____

Cause (CHECK THOSE THAT APPLY):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Contractor Request | <input type="checkbox"/> Concurrency | <input type="checkbox"/> Contractor Delay | <input type="checkbox"/> Contractor Error |
| <input type="checkbox"/> Utility Company | <input type="checkbox"/> Other Public Agency | <input type="checkbox"/> Safety/ADA | <input type="checkbox"/> OEF Interpretation |
| <input type="checkbox"/> OEF Rule Change | <input type="checkbox"/> Owner Delay | <input type="checkbox"/> Unforeseen | <input type="checkbox"/> Other Owner Services |
| <input type="checkbox"/> Owner Change | | | |

Contract Reference: _____

Reason for Services (Back-Up Attached):

Description of Services:

Scheduled Start Date: _____ **Scheduled Completion Date:** _____

Scheduled Construction Cost: _____ **Estimated Cost of Services:** _____

Method of Payment (BE SPECIFIC): _____

Project Manager Office of School Facilities Construction	Date	Executive Director/ Administrative Director/Designee	Date
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Supervisor A/E Selection, Negotiation & Design (Over \$25,000)	Date	Construction Officer/Maintenance Officer (Over \$25,000)	Date
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Chief Facilities Officer/Designee (Over \$50,000)	Date	Executive Director Budget	Date
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FUND	OBJECT	LOCATION	PROGRAM	FUNCTION	