(Award letter for CM at Risk projects over $2,000,000)

Month Date, Year

Mr. (Director’s Name)

State Construction Office

1307 Mail Service Center

Raleigh, NC 27699-1307

STATE COURIER: 56-02-01

Subject: (SCO ID Project # and Title as shown in Interscope)

 Funds Authorized General Fund

 Code Item for Project Y/N

4XXXX 3XX $ Amount Type of funding

(*list and total if more than one source, total should match total amount and sources assigned to the project)*

Dear Mr. (Director’s Name):

Name (University) has received and accepted a guaranteed maximum price proposal for the subject project dated (date), copy attached. The proposal is within the funds authorized and assigned for the subject project and is consistent with the following contract award recommendation:

**General Management Contract**

Contractor Name

City, State

 Cost of the Work $

 CM Fee and General Conditions $

 Bonds and Insurance $

 CM Construction Contingency $\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total General Construction Management Contract $

**Projects to Date**

Current Construction Management Award $(repeat total from above)

Previous Contracts

Design Contract $

CM Pre-Construction Fee $

Programming Contract $

Early Site Package $

(list any previous contracts and dollar amounts such as programming or previous project construction packages which are part of this project, expanding this section as needed) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost $(sum this section) $(same from at left)

**Identified Anticipated Cost**

Construction Contingency (3% new/5% renovation) $

Additional GMP Phases $

Special Inspections $

Commissioning $

Furnishings and Equipment $

(list any known additional items/delete any of the examples not applicable, adjusting this section as needed)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 $ (sum section) $ (sum above

 w/amt at left)

Mr. (Director’s Name)

Date

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**Reserve for Planned Expenses**

(Prior OSBM approval required for release)

Reserve for Future Phases $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Authorization $ (sum from above plus reserve at left) This amt should equal total assigned as listed at the beginning of the letter.

Sincerely,

Name

Title

Attachments: GMP Proposal

cc: Will Johnson (w/attachments)

 List as appropriate to your institution

 Project manager

 Budget representative

 HUB Coordinator