

STATE OF CALIFORNIA
Request for PWB Project Action for a DESIGN-BID-BUILD PROJECT
PWB-153 (REV 5/19)

Due to PWB	Business Unit	Department	PMB/Dept Proj No
Requested PWB Action Date		Capital Outlay Program ID	Capital Outlay Project ID (7 digits. For new projects leave blank)
Project Title		Project Status <input type="checkbox"/> New <input type="checkbox"/> Continuing	Date of Last Approval Last Approved PWB/DOF Action

Requested **PWB** Action

- | | |
|---|--|
| <input type="checkbox"/> Establish Scope, Cost, & Schedule | <input type="checkbox"/> Approve Site Selection |
| <input type="checkbox"/> Approve Preliminary Plans | <input type="checkbox"/> Approve Acquisition |
| <input type="checkbox"/> Recognize Scope Change | <input type="checkbox"/> Approve Increase within Appropriation |
| <input type="checkbox"/> Recognize Revised Project Costs | <input type="checkbox"/> Recognize Anticipated Deficit |
| <input type="checkbox"/> Approve Augmentation (inc %: _____ & dollars: _____) | <input type="checkbox"/> Approve a Reversion |
| <input type="checkbox"/> Adopt a Reimbursement Resolution for Interim Financing | <input type="checkbox"/> Approve Use of Inmate Ward Labor |
| <input type="checkbox"/> Authorize the Sale of Lease Revenue Bonds | <input type="checkbox"/> Approve Long Lead Equipment |

Authorized Cost (in thousands)	Current Phase(s)	Estimated Total Project Cost (in thousands)
Authority for Study (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)
Authority for A (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)
Authority for PP (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)
Authority for WD (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)
Authority for C (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)

Request Summary

Meets CEQA Compliance Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Establishment	Costs, Funding, & Schedule Changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Establishment
Meets Real Estate Due Diligence Requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Establishment	Scope Changed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Establishment

Is this project managed by the Department of General Services? Yes No
If no, which department manages this project? (cite legal authority)

DGS/Dept Project Manager	Date	Department Director/Designee	Date
--------------------------	------	------------------------------	------

Public Works Board Use Only

<input type="checkbox"/> The above action(s) are approved. Authority is granted to proceed when funding authority permits.	<input type="checkbox"/> The above action(s) were approved by the Board on _____. Authority is granted to proceed when funding authority permits.
Deputy Director/Designee	Date