

**STATE OF CALIFORNIA**  
**Request for PWB Project Action for a DESIGN-BUILD PROJECT**  
PWB-154 (REV 5/19)

Due to PWB	Business Unit	Department	PMB/Dept Proj No
Requested <b>PWB</b> 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 Performance Criteria (& Concept Drawings if applicable) | <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 PC (in thousands)	Budget Act(s)	Previous Augmentation(s) (in thousands)
Authority for DB (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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which department manages this project? (cite legal authority)	

DGS/Dept Project Manager	Date	Department Director/Designee	Date
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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