



ADA FUNDING AUTHORIZATION FORM

(Stipulations of USDC Case 00-00249-CIV-LENARD/TURNOFF)

Facilities ADA Compliance

(Please print clearly)

FACILITY: _____ LOC #: _____ PROJECT TITLE: _____ REGION: _____ ORIGINAL PROJECT # (if any): _____ ARCHITECT/ENGINEER (if any): _____	FOR FACILITIES ADA COMPLIANCE USE ONLY: ADA Tracking # _____ _____
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<p>MAIN PROJECT DESCRIPTION: Clearly, and in detail, explain the project scope. Include type of work and location of the work. Attach drawings and specifications (or as-builts) and cost estimate. If drawings are not available, provide sketch(es), FISH drawing(s), survey and any other related reports and/or documents:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ADA Scope for main project to comply with code requirements</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Additional ADA Scope base on ADA Deficiency Check Lists/Assessment Survey (Eligible for funding from ADA settlement agreement):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>ATTACHMENTS:</p> <p><input type="checkbox"/> Drawings, Specs or Sketches</p> <p><input type="checkbox"/> As-Builts</p> <p><input type="checkbox"/> Detailed Scope</p> <p><input type="checkbox"/> Other Documents</p> <p><input type="checkbox"/> Estimate</p> <p>COST ESTIMATES:</p> <p>Main Project(Excluding all ADA Scope) \$ _____</p> <p>ADA Scope (for main project to comply with code requirements)</p> <p>\$ _____</p> <p>Additional ADA Scope (based on ADA Assessment Survey):</p> <p>\$ _____</p>
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ADA FUNDING (Funding transfer to be made to project location after project approval and assignment):

FUND:	OBJ:	LOC:	FROG:	FUNC:	A/E Cost: \$ _____
					Construction : \$ _____
					Total : \$ _____
ESTIMATE BY:			FIRM:		DATE:

AUTHORIZATION FOR ADA FUNDING (Justification is in accordance with Stipulations of USDC Case 00-00249-CIV-LENARD/TURNOFF)

PRINT NAME:	SIGNATURE:	DATE:
INITIATOR (A/E's Project Manager):		
MDCPS PROJECT MANAGER		
SUPERVISOR:		
EXEC. DIRECTOR (ADA Accessibility Coordinator)		