**Capital Outlay Management Plan for the Delegation of Capital Outlay Authority**

**for**

**[insert full campus full name]**

Date submitted to CPDC: {Month Day, Year}

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*\*As campus inserts pages, pagination above will change. Remember to update pagination.*

**Introduction**

Campus Name:

Manager Responsible for this update:

(name, position or title)

(department, phone/email)

Manager’s administrative assistant:

(name, position or title)

(department, phone/email)

Date of Campus’s current management delegation agreement:

In the table below, provide a list and summary of changes of all capital outlay management plans submitted subsequent to issuance of above management delegation agreement.

|  |  |
| --- | --- |
| **Revision Date**  **MM/DD/YYYY** | **Summarize the change(s) made in each revision:** |
| Date for this revision | This revision… |
|  |  |
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**Statement of Compliance**

In signing below, campus president [or vice president] certifies that he or she:

* Identified project executives and subordinate positions directly responsible for the administration of capital projects.
* Provided an organizational chart for the administration of capital projects identifying the following positions: Vice President and direct reports to the VP, such as Asst. or Assoc. Vice Presidents/Directors, to include Risk Managers, Financial Managers, and Procurement Officers. Also identified those positions reporting to the aforementioned positions, such as Construction Managers, Financial Analysts, Project Managers, Inspectors, and others. Identified contracted positions and their supervisors.
* Indicated those positions serving as Executive Facilities Officer, Deputy Building Official, Risk Manager, Certified Access Specialist (CASp), Construction Administrator, Project Manager, and Inspector of Record.
* Provided levels of signature authority for all project participants listed above and identified the maximum level of authority for each; contracted positions have no signature authority.
* Provided resumes of all positions listed in the organizational chart [resumes for president and vice president not required].
* Provided a report listing training completed by each staff member since last plan update.
* Provided list of major capital projects in progress or completed within the past two years.
* Confirms that project management and administration staffs understand and shall comply with SUAM and all laws, executive orders, and CSU administrative manuals in fulfilling all project management responsibilities authorized under delegation of capital outlay management authority, including project management for auxiliary projects.

Signature:

*(If VP is newly appointed since last update, President must sign. VP may sign subsequent versions.)*

Name, Title Date

Department

**Organizational Chart for the Administration of Capital Projects**

NOTE: *FOR EASE IN DRAFTING THIS ORG CHART, click on the above sample org chart, AND IN THE TOP BAR UNDER ‘SmartArt/Tools’, SELECT ‘Design’ and then below on the left, SELECT ‘Text Pane’. You will then be able to use the outline form to assemble the org chart hierarchy.*

Monetary levels of authority and organizational structure shown are for example only and are not intended to suggest an authority level for the position or representative of actual campus organizational structure.

Identify the following requiredpositions *in italics* serving as: Executive Facilities Officer, Risk Manager, Certified Access Specialist (CASp), Construction Administrator, Project Manager, and Inspector of Record, all listed below the Vice President. Identify and insert the CSU-Chief Building Official and the Campus Deputy Building Official (DBO) positions to the right of the VP as shown above, and connect the two positions by solid line. Connect the VP and DBO positions by dotted line. As the Inspector of Record position also reports to the DBO, link the two positions by dotted lines. The DBO and IOR positions report to the CSU-Chief Building Official on building official matters.

*Delete this note box prior to submitting this plan.*

**Levels of Signature Authority for Project Participants**

*(Adjust document types for each authorization as appropriate.)*

**Signature Authority Authorization ($100,000.01 and Over)**

Document types: Contracts, Change Orders, Field Instructions, Service Agreements,   
Service Agreement Amendments, Extra Service Authorizations

Position, Name

Position, Name

**Signature Authority Authorization (Up to $100,000)**

Document types: Contracts, Change Orders, Field Instructions

Position, Name

Position, Name

**Signature Authority Authorization (Up to $50,000)**

Document types: Change Orders, Field Instructions

Position, Name

Position, Name

Position, Name

**Signature Authority Authorization (Up to $50,000)**

Document types: Service Agreement Amendments, Extra Service Authorizations

Position, Name

Position, Name

**Signature Authority Authorization (Up to $20,000)**

Document types: Field Instructions

Position, Name

Position, Name

Position, Name

Position, Name

Position, Name

NOTES:

*1 Monetary levels of authority shown are for example only. Change the amounts as necessary.*

*2 Consultants shall not have contractual or monetary signature authority.*

**Project Management for Auxiliary Projects**

*(Provide narrative that describes how your campus is addressing project management for auxiliary projects.*

*Include relevant documentation, such as sample agreement documents between campus and auxiliary.)*

**Résumés of Individuals Responsible for Capital Projects**

*[Use following résumé format for those identified in the organizational chart; other formats, such as those used in recruitments, will not be accepted.]*

Name: John Smith

Position Title: Project Manager

This position reports to [position name].

Fully staffed, this position has [insert no.] of direct reports.

Payroll Classification: Administrator I

Appointed: [Month, Year]

Position Description: [5 lines or less]

Experience summary, degrees, certifications or other comments:

Relevant project experience summary:

2018 Project Manager for $16M, 1800 space Parking Structure 4 project, which is 75% complete.

2017 Assistant Project Manager for $4M Central Plant project, which is complete.

**Report of Staff Training Completed**

*[Since last plan update; use additional sheets as necessary.]*

|  |  |  |
| --- | --- | --- |
| **Staff Name**  *(sort by Staff Last Name)* | **Training**  **Topic** | **Training Date (mm/yyyy)** |
| Bear, Smokey *(example)* | [How and Why Stuff Burns and Steps to Take to Make Sure Your Buildings Don't](http://www.calstate.edu/cpdc/executive/training/HowandWhyStuffBurnsandStepstoTaketoMakeSureYourBuildingsDontCPDCCSU.shtml) | 05/2018 |
| Franklin, Benjamin *(example)* | Controlling Construction Costs – “Beware of little expenses. A small leak will sink a great ship.” | 3/2018 |
| Gadget, Inspector *(example)* | Project Inspection | 12/2018 |
| Rooter, R. *(example)* | Webinar: I Told You Not to Flush That! | 06/2018 |
| Trebek, Alex *(example)* | CM Jumpin’ Jeopardy | 04/2018 |
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**Summary of Major Capital Projects**

*[Include campus and auxiliary projects that are in planning, design, or construction phases, and that either began or completed within last two years. If a project is contracted under a TO-CA MEA, please so indicate along with the delivery method used, i.e. TO-CA CMAR or TO-CA CDB. Use as many pages as necessary.]*

Project Name:

Project Delivery Method:

Total Project Budget (PWCE): $

Total Construction Budget: $

Current Status of Development:

Project Start (actual NTP/target): [MM/YYYY if Targeted, MM/DD/YYYY if Actual]

Project Completion (actual NOC/target): [MM/YYYY if Targeted, MM/DD/YYYY if Actual]

Project Performance Report Date: [*submit only when requested by Chancellor’s Office*]

Comments:

*[In 5 lines or less; please identify successes, as well as any significant issues, claims, or global settlements, and if project was administered for auxiliary, so indicate.]*

Project Name:

Project Delivery Method:

Total Project Budget (PWCE): $

Total Construction Budget: $

Current Status of Development:

Project Start (actual NTP/target): [MM/YYYY if Targeted, MM/DD/YYYY if Actual]

Project Completion (actual NOC/target): [MM/YYYY if Targeted, MM/DD/YYYY if Actual]

Project Performance Report Date: [*submit only when requested by Chancellor’s Office*]

Comments:

*[In 5 lines or less; identify successes, as well as any significant issues, claims, or global settlements, and if project was administered for auxiliary, please so indicate.]*