

BUDGET AVAILABILITY STATEMENT

REQUEST DATE:

REQUESTED BY:

PHONE:

PROJECT TITLE: _____
(Same as CIP or IST, if applicable)

IST PLANNING NO.:

ORIGINAL CONTRACT AMOUNT: \$

BCC RESOLUTION#:

REQUESTED AMOUNT: \$

DATE:

CSA or CHANGE ORDER NUMBER:

LOCATION:

BUILDING NUMBER:

DESCRIPTION OF WORK/SERVICE LOCATION:

PROJECT/W.O. NUMBER:

CONSULTANT/CONTRACTOR:

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR:

CONSTRUCTION	\$
PROFESSIONAL SERVICES	\$
STAFF COSTS*	\$
EQUIP. / SUPPLIES	\$
CONTINGENCY	\$
TOTAL	\$

** By signing this BAS your department agrees to these CID staff charges and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed. If this BAS is for construction costs of \$250,000 or greater, staff charges will be billed as actual and reconciled at the end of the project. If the project requires Facilities Management or ESS staff your department will be billed actual hours worked upon project completion.*

BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):

FUND:

DEPT:

UNIT:

OBJ:

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Ad Valorem (Amount \$ _____) | <input type="checkbox"/> Infrastructure Sales Tax (Amount \$ _____) |
| <input type="checkbox"/> State (source/type: _____ Amount \$ _____) | <input type="checkbox"/> Federal (source/type: _____ Amount \$ _____) |
| <input type="checkbox"/> Grant (source/type: _____ Amount \$ _____) | <input type="checkbox"/> Impact Fees: (Amount \$ _____) |
| <input type="checkbox"/> Other (source/type: _____ Amount \$ _____) | |

Department: _____

BAS APPROVED BY: _____

DATE _____

ENCUMBRANCE NUMBER: _____