*Information provided in this transmittal must match information in the attached study.*

*Incomplete studies will be returned to the requesting agency for further development and resubmittal.*

|  |  |
| --- | --- |
| State Project Number: Click or tap here to enter text. | Phase #: FT1  FT2  FT0 |
| Project Title: Click or tap here to enter text. | |
| Facility Name: Click or tap here to enter text. | |
| Facility Location: Click or tap here to enter text. | CAMIS J Number: Click or tap to enter a date. |
| Study Prepared by: Click or tap here to enter text. | |
| Estimated Construction Cost (ECC):Click or tap here to enter text. | Date of Study: Click or tap to enter a date. |
| Total Project Cost (TPC): Click or tap here to enter text. | Date of Revision, if any: Click or tap to enter a date. |

M.G.L. c. 7C, § 59 states no provider of design services for any building project for which a state agency is the using agency shall be selected, and no design services shall be performed, unless and until the study (including schematic design), program or, where appropriate, both have been satisfactorily completed and the following certifications have taken place.

**State Operating Agency, Judiciary or County**

The following individuals are designated by the agency to certify that the study, program, or, where appropriate, both, corresponds to the agency’s current needs, including its current long-term capital facilities development plan:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

**Division of Capital Asset Management and Maintenance**

I hereby certify that the study, program or where appropriate both, reflects the agency needs as stated; that they provide accurate estimates of the project requirements, cost and schedule; that the project can be accomplished within the appropriation, or authorization for that project; and that I recommend proceeding with design, construction, or, where appropriate, both.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elizabeth Isenstein

Deputy Commissioner, Office of Facilities Management and Decarbonization, DCAMM

I hereby certify that the study (including schematic design), program or, where appropriate, both, are in conformity with the scope and purpose of the appropriation or authorization for the project, and legislative intent regarding the long-range capital facility plans for the using agency, I approve proceeding with regard to long-range capital facility plans for the using agency, and I approve proceeding with design, construction, or, where appropriate, both.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adam Baacke

Commissioner, DCAMM