



DFA-OFFICE OF ACCOUNTING Request for Approval of Method of Financing



Agency: _____ Date: _____
 Project Name: _____ Request No.: _____
 Project Description: *(in detail)*: _____

Appropriation Authority: Act(s): _____
 Estimated Date of Commencement: _____
 Estimated Date of Completion: _____
 Estimated Total Project Cost: \$ _____

<u>Estimate of Cost</u>	<u>Initial Projected Cost</u>	<u>Revised Projected Cost</u>	<u>Final Project Cost</u>
(1) Construction: <i>(Include cost of built-in equipment)</i>	_____	_____	_____
(2) Architect/Engineer Fees: _____% of Item (1)	_____	_____	_____
(3) Contingencies: <i>[Not to exceed 10% of Item (1) and (2)]</i>	_____	_____	_____
Total Base Cost:	\$ 0.00	\$ 0.00	\$ 0.00
(4) Other Costs:			
(A) Land Purchases:	_____	_____	_____
(B) Art (Act 1079 of 1985):	_____	_____	_____
(C)	_____	_____	_____
Total Other Costs:	\$ 0.00	\$ 0.00	\$ 0.00
(5) Movable Equipment and Furniture:	_____	_____	_____
(6) Total Cost of Project:	\$ 0.00	\$ 0.00	\$ 0.00

<u>Source</u>	<u>Appropriated</u>					<u>Original</u>		<u>Revised</u>	<u>Final</u>
	<u>Bus Area</u>	<u>Funds Center</u>	<u>Commit Item</u>	<u>Fund</u>	<u>%</u>	<u>Amount</u>	<u>%</u>	<u>Amount</u>	<u>Amount</u>
(7) Appropriated Funds:									
General Improvement:	_____	_____	_____	_____	%	_____	%	_____	_____
Federal Grant Funds:									
ARRA of 2009	_____	_____	_____	_____	%	_____	%	_____	_____
Other Federal Funds	_____	_____	_____	_____	%	_____	%	_____	_____
Agency Bank Funds:	_____	_____	_____	_____	%	_____	%	_____	_____
Source of Bank Funds(<i>Specify</i>): _____									
Other Appropriated Funds:	_____	_____	_____	_____	%	_____	%	_____	_____
Total Appropriated Funds:	_____	_____	_____	_____		\$ 0.00		\$ 0.00	\$ 0.00
(8) Other Funds:									
Bond Proceeds:	_____	_____	_____	_____	%	_____	%	_____	_____
Others (<i>Specify</i>): _____	_____	_____	_____	_____	%	_____	%	_____	_____
(9) TOTAL FUNDING AVAILABLE:					100%	\$ -	100%	\$ -	\$ -

Submitted by: Agency: _____ Date: _____
 By: _____ Title: _____
 Approved by: Major Department Approval: _____ Date: _____
 By: _____ Title: _____
 DFA Approval: Office of Accounting Date: _____
 By: _____ Title: DFA Accounting Division Manager