

Facility Modification Request – AR 6601
Form 3 (Approval Form)

Date: _____

To: Responsible Originating Administrator (ROA)

From: District Office Facilities (DO Facilities)
Facility Planning, District Construction and Support Services

Re: Facility Modification Request No. _____

Please see attached in regards to your Facility Modification Request:

Form 1 – Request Form

Form 2 – Facilities Assessment

Costs to be reimbursed to DO Facilities: \$ _____

1. ROA please select one:

FMR Approved

FMR Approved for Preliminary Investigation Only

FMR Denied

FMR Postponed/On Hold

If approved, please identify account number(s):

_____ Amount \$ _____

2. ROA please select one, after the completion of a Preliminary Investigation (if applicable):

FMR Approved

FMR Denied

FMR Postponed/On Hold

If approved, please identify account number(s) if additional funding is needed (if applicable):

_____ Amount \$ _____

NOTES:

1. All funds must be identified prior to the start of the project modification request. Any cost overruns shall be the responsibility of the ROA to find funds to cover all costs.
2. If this approval is for a preliminary investigation only, Forms 2 and 3 shall be revised and/or updated at the completion of the preliminary investigation. Further approval by DO Facilities and the ROA will be required.

Name of ROA: _____

ROA Signature: _____ Date: _____

Upon ROA signature please return Form 3 to DO Facilities.