

**Transmittal and Checklist for Delegated Approval Authority – (2.04.A.2) & (2.04.B.1)**

- Capital Improvement Project with total project cost of \$100,000 - \$1,000,000**
- Capital Maintenance Project with total project cost of \$250,000 - \$1,000,000**  
\*\*\*\*\*
- Does not require determination by Tennessee Historical Commission (THC) **OR** THC has determined that the project will not adversely impact a historic structure and a THC Review form is attached.
- Project is NOT funded, in any part, by bond proceeds or residual proceeds from bond funding
- Designer and Contractor for this Capital Project will be procured through a process approved by the Commission for projects of this value
- The Capital Project is not being provided by a Higher Education Foundation
- Non-Standard Design and Construction (If not utilizing Designer Selection Process and D/B/B)**  
If applicable include rationale in comment on lead sheet. Note: same rationale needs to be reflected in the solicitation document.
- Back-up attached (Project lead sheet, SBC-1s, THC Form (if required), THEC disclosure information (Higher Ed only), explanation for Non-Standard Design and Construction requests, other relevant back-up materials, such as prior approvals and back-up documentation or executive summaries)  
\*\*\*\*\*
- New Construction or Demolition** **Reported at the \_\_\_\_\_ SBC/ESC Meeting**  
**NOTE:** *If the Capital Improvement Project is the construction or erection of a new building or structure or the demolition of a building or structure, then the approval is NOT effective until the Capital Project has been reported to the SBC or ESC. No contracts may be fully executed and no work may commence prior to such reporting.*
- Request includes a revision from the prior approval for (ie: scope, budget, funding): \_\_\_\_\_

Previously reported at the \_\_\_\_\_ SBC/ESC Meeting

Project Name: \_\_\_\_\_

Project SBC#: \_\_\_\_\_

Submitting SPA: \_\_\_\_\_

SPA Authorized Representative:  
(must be Head of SPA if ADM requested) \_\_\_\_\_

**(I attest to the above)** **Date**

**Approved:**

\_\_\_\_\_  
Ann McGauran, State Architect Date  
 Not approved and rationale: \_\_\_\_\_

\_\_\_\_\_  
Chad Kimes, Delegate of the Date  
Commissioner of Finance & Administration  
 Not approved and rationale: \_\_\_\_\_