

2023-2025 ON-CALL SUPPORT REQUEST FORM

DATE: _____ REQUESTING PROJECT MANAGER _____ EXT. _____

WHO IS PAYING FOR THIS WORK? _____ OTHER: _____

PAYMENT COORDINATOR: _____ EXT. _____

IF NEW TASK ASSIGNMENT IS BEING REQUESTED CHECK HERE: ☐

If a Task Assignment is being **AMENDED**, indicate the existing Task Assignment Number HERE: _____

ON-CALL DISCIPLINE: _____

SUBCATEGORY: _____

CONSULTANT NAME: _____

PROJECT TITLE: _____

(NOTE: If this is a Task Assignment Amendment, the Project Title should match original Task Assignment)

PROJECT #: _____ (NOTE: All PW On-Call projects **must** carry an RC, WC #, or Accounting Code#)

AMOUNT REQUESTED FOR THIS TASK ASSIGNMENT: \$ _____

(NOTE: If TA Amendment, indicate new "additional" amount, **NOT** combined total.)

WILL THIS PROJECT RECEIVE ANY FEDERAL FUNDING? ☐ YES ☐ NO IF YES, WHICH
FEDERAL AGENCY WILL PROVIDE FUNDS? _____

COMPLETION DATE: _____ (NOTE: Allow time for processing of final invoice.)

COMMENTS/SPECIAL INSTRUCTIONS: _____

CONSULTANT CONTACT: _____

EMAIL: _____ PHONE: _____

REQUIRED ATTACHMENTS: SCOPE OF WORK COST ESTIMATE INDEPENDENT ESTIMATE
CONSULTANT SELECTION FORM PROJECT BUDGET SUMMARY (Roads ACP projects only)

NOTE: If applicable, this Task Assignment Request has been discussed and agreed to by the Internal Resource Group. _____ (Director's Initials or attach Director's email authorization)

(EXAMPLE: If SWM needs Survey work, SWM must have ES Director authorization to utilize ES-Survey On-Call Consultant and ES On-Call \$ allocation.)

The undersigned attests that the above requested work is in connection with Projects/Work previously approved in the ACP, CIP and/or Six Year TIP:

SIGNATURE OF REQUESTING PROJECT MANAGER: _____

SIGNATURE OF REQUESTING PM's DIRECTOR: _____

(All requests **MUST** be signed by Requesting Project Manager's Director)