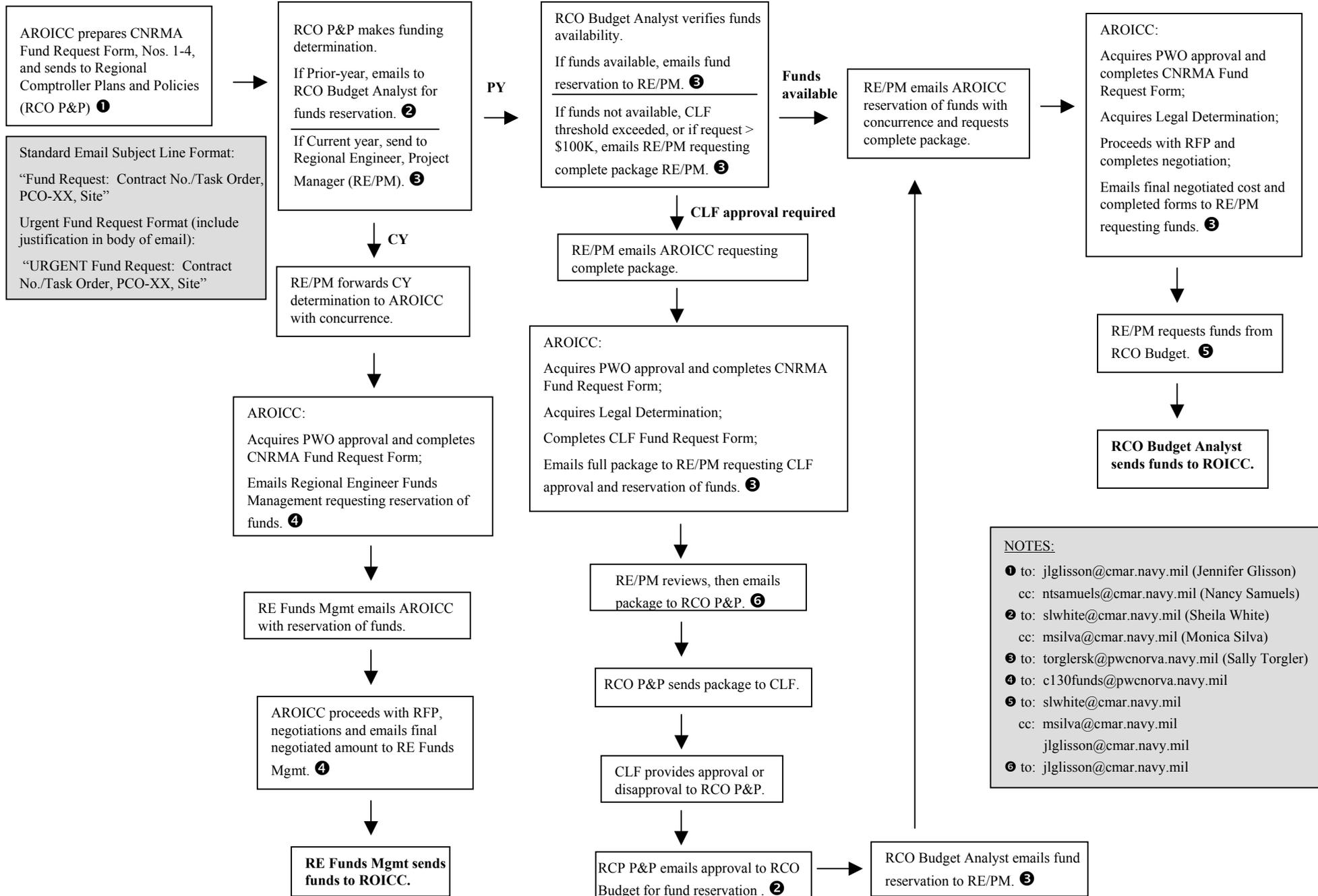


PROCESS FOR REQUESTING ADDITIONAL FUNDS FOR FACILITIES RELATED CONTRACTS



- NOTES:**
- ❶ to: jlgilsson@cmar.navy.mil (Jennifer Glisson)
cc: ntsamuels@cmar.navy.mil (Nancy Samuels)
 - ❷ to: slwhite@cmar.navy.mil (Sheila White)
cc: msilva@cmar.navy.mil (Monica Silva)
 - ❸ to: torglersk@pwcnorva.navy.mil (Sally Torgler)
 - ❹ to: c130funds@pwcnorva.navy.mil
 - ❺ to: slwhite@cmar.navy.mil
cc: msilva@cmar.navy.mil
jlgilsson@cmar.navy.mil
 - ❻ to: jlgilsson@cmar.navy.mil

**REQUEST FOR ADDITIONAL CNRMA FUNDS
FOR FACILITIES RELATED CONTRACTS**

1. Contract was originally funded in FY____ in the amount of \$_____, under funding document number (2275/2276) _____. Current contract value is \$_____
2. This request is for additional funds in the amount of \$_____ Designated as PCO - _____
Contract No. (Maximo Record No. if applicable): _____ Facility/Bldg. No. _____
Contract Title: _____

3. Original Scope of Work (As it pertains to change being requested. Be specific.):

Description of change/Reason for Change:

4. Regarding **Contract** Scope, we certify work is:
 Within Original Scope Out-of-Scope (current year funds)

AROICC (Project Manager)/Date Telephone No. Contracting Officer /Date

5. Regarding **Funding** Scope, on __ (date) ____, Regional Comptroller has certified this work is:
 Within Original Scope Out-of-Scope (current year funds)

6. I concur with the above assessment and conclusions and recommend that this additional work be funded.

Regional Engineer Funds Manager / Date

7. Regarding **Project** Scope, I certify work is:
 Within Original Scope Out-of-Scope (current year Funds)

8. a. It does does not result in the Project Cost exceeding 50% of the facility replacement value;
(if it does, request for additional funding must be forwarded to CLF for approval)
- b. It does does not cause project cost to exceed \$5 million
(if it does, provide to CLF/DASN (I&E) project documentation IAW OPNAVINST 11010.20F para 2.3.6)
- c. It does does not result in the Project Cost exceeding the \$750,000 threshold for Minor Construction as defined in OPNAVINST 11010.20F.
Explain: _____

9. This funding request is approved. Please provide additional funds as requested.

PWO (Project Manager)/ Installation / Date

COMLANTFLT UPWARD OBLIGATION REQUEST DATA

1. Contract Number: _____ PCO- _____
Contract Title: _____
Contractor Name: _____

2. Contracting Officer: _____
Title: _____
Phone: _____

3. This request is for additional FY _____ funds in the amount of \$ _____
Appropriation: _____
Sub-Head: _____
Sub-Allotment: N/A

4. Contract was originally funded in FY _____ in the amount of \$ _____
Funding Document Number (2275/2276): _____
Appropriation: _____
Sub-Head: _____
Sub-Allotment: N/A

5. Type of Contract _____ (Fixed Price, Cost Plus Award Fee, etc.) If a
"Limitation of Cost/Fund" clause is present, whether the proposed change is within the limitation.

6. Summary of Events (Explanation of why the increased costs were neither foreseen nor foreseeable by
the contractor. Include how work supported by current funding request is related to and within the
scope of the original contract):

7. Contract clause that supports the adjustment (e.g. performance incentive clause, etc.):

8. Specific Date approval is needed: _____ Impact if approval is not granted by that
date. (If effect of delayed or non-approval is potential delay, disruption, or total project work
stoppage, identify the estimated daily cost of the delay and disruption or the estimated cost of
the contract termination.)

9. Legal Determination: See Enclosure.

10. Amount of all increases to original obligation by fiscal year (include appropriation, sub-head, sub-
allotment) that applies to the specific obligating document that will be adjusted if current request is
approved (CNRMA Regional Comptroller will complete):

