|  |  |
| --- | --- |
| [ ]  Draft unsigned checklist (consultation phase)[ ]  Final signed checklist (Chancellor/Sole Designated Official has attested prior to submitting to OP) | ver. 6.3 |

**DELEGATED-AUTHORITY PROJECT: CERTIFICATION CHECKLIST**

**UNIVERSITY OF CALIFORNIA**

| 1. **GENERAL PROJECT INFORMATION**
 |
| --- |
| 1. **Campus/Medical Center:**
 | [Enter campus/medical center.] |
| 1. **Project Name:**
 | [Enter name.] |
| 1. **Project Number:**
 | [Enter number.] |
| 1. **Project Budget:**
 | [Enter cost.] |
| 1. **Proposed Approvals**

(check all that apply) | [ ]  Budget (applies to Non-State projects only)[ ]  External Financing[ ]  Design (add graphics as an attachment to draft Chancellor’s item) |
| 1. **Chancellor’s Action Item**
 | [ ]  Unsigned draft attached[ ]  For External Financing Actions, Summary of Financial Feasibility is included as attachment to Item |
| 1. **UC Approvals: Past**
 | [ ]  Chancellor approved “P” Item on [date].[If not documented in draft Chancellor’s item, list actions and dates of other past actions that were necessary to fully implement the project (e.g. ground lease, donor/gift agreements, LRDP Amendment, etc.)] |
| 1. **UC Approvals: Future**
 | [If not documented in draft Chancellor’s item, list actions and timing of future UC approvals necessary to fully implement the project (e.g. ground lease, donor/gift agreements, LRDP Amendment, etc.)] |
| If not documented in draft Chancellor’s Item, attach documentation that demonstrates the:* Program description and justification
* Project scope • Capital Improvement Budget (CIB)
* Schedule • Environmental Impact Classification (EIC)
 |

| 1. **CONSISTENCY WITH PLANS** *Campus shall retain, in project files, the specific documentation that was relied upon in the Chancellor’s determination that the project is consistent with referenced Plans.*
 |
| --- |
| 1. **Capital Financial Plan**:

[ ]  The proposed project is consistent with the[date] ***Capital Financial Plan*** (CFP).  **ACCEPTED CFP PROPOSED PROJECT****ASF :** [CFP ASF] [Current ASF] **GSF:** [CFP GSF] [Current GSF] **Budget:** [CFP Budget] [Current Budget][If not documented in draft Chancellor’s item, briefly demonstrate consistency.] |
| 1. **Physical Design Framework** (check one):

[ ]  The proposed project is consistent with applicable planning and design guidelines, and campus review processes, in the ***Physical Design Framework (PhDF)*** accepted by the Regents in [date].  [If not documented in draft Chancellor’s item, demonstrate consistency with the PhDF by briefly listing its relevant requirements and state how the project conforms to them. Attach design graphics used in design review and relied on by the Chancellor for design approval.] [ ]  Consistency with the ***Physical Design Framework*** is not relevant to this submittal because the project’s location is off-campus and there is no applicable PhDF. |
| 1. **Long Range Development Plan** (check one):

[ ]  The proposed project is consistent with the applicable land use designation of [enter designation] in the *[title/date]* ***Long Range Development Plan*** approved by the Regents in [date].[ ]  Consistency with the ***Long Range Development Plan*** is not relevant to this submittal because the project’s location is off-campus and there is no applicable LRDP. |

| 1. **CONSISTENCY WITH UNIVERSITY/REGENTAL POLICIES**
 |
| --- |
| 1. **Independent Design and Cost Review of Building Plans**: [ ]  Complies [ ]  N/A
 |
| 1. **Compliance with Sustainable Practices applies to owned, developed and leased facilities:**

LEED™: [ ]  Complies [ ]  N/A No On-Site Fossil Fuels for Space and Water Heating: [ ]  Complies [ ]  N/AEnergy Efficiency: [ ]  Title 24 [ ]  Energy Use Intensity (EUI) [ ]  20% Above Title 24 or ASHRAE  [ ] N/AMedical Buildings: Energy Efficiency: [ ]  ASHRAE 90.1 [ ]  Energy Usage Intensity (EUI) [ ]  N/ALaboratory Buildings: Labs 21 Environmental Performance Criteria: [ ]  Complies [ ]  N/AParking Business Case Analysis: [ ]  Complies [ ]  N/A Operational Carbon & Energy Assessment for New Construction (OCEAN) Report: [ ]  Yes [ ]  N/A, project is not new construction or major renovation[ ]  Waiver requested: [List section(s)]: |
| 1. **Seismic Safety Policy**:

New Construction: [ ]  Complies [ ]  N/ARenovation: [ ]  Complies [ ]  N/A[ ]  Seismic upgrade or study triggered under Chapter 16 of the California Building Code or section 317 et seq. of the California Existing Building Code. [ ]  Area of renovation documented by campus for future compliance with CEBC above.[ ]  Waiver requested: [List section(s)]: |
| 1. **Value Engineering:** [ ]  Complies [ ]  N/A
 |
| 1. **University Controlled Insurance Program (UCIP)**: [ ]  Complies [ ]  N/A
 |
| 1. **Special Interest:**

The proposed project [ ]  does not [ ]  may Involve issues of special interest such as budget matters, fundraising activities, environmental impacts, community concerns, or other reasons that may merit review by the Regents. |

| 1. **EXTERNAL FINANCING AND/OR STANDBY/INTERIM FINANCING (check all that apply)**
 |
| --- |
| 1. [ ]  Project has external financing previously approved: [Enter date and approving office.]
 |
| 1. Project has proposed financing:

[ ]  External financing: Summary of Financial Feasibility is attached to the Chancellor’s Action Item: *Section I* is complete.[ ]  Standby/Interim financing: Summary of Financial Feasibility is attached to the Chancellor’s Action Item*: Sections 2 and/or 3* are complete. |
| 1. [ ]  Debt Affordability Model on SharePoint has been updated.
 |
| 1. [ ]  Drawdown schedule for all financing (external, standby/interim) is attached.
 |
| 1. [ ]  After the financing (external, standby/interim) has been approved, the campus/medical center will submit Schedule A or the *Declaration of Official Intent to Reimburse Certain Expenditures from Proceeds of Taxable or Tax-Exempt Indebtedness* to Capital Markets Finance.
 |

**RESPONSIBLE CAMPUS OFFICER AFFIRMATION:**

*As the Chancellor or the Chancellor-designee who has been delegated authority to execute this Certification Checklist, I have determined, based on reasonable due diligence, and hereby affirm that: the project named in this document is consistent with the applicable Campus/Medical Center Plans as identified in Section 2 and otherwise meets the criteria for a delegated-authority project under the Delegations of Authority for Capital Project Matters and guidelines set forth in Volume 2, Chapter 7 of the Facilities Manual; the project adheres to all applicable laws, regulations, and University of California policies including, when applicable, the California Environmental Quality Act; and to the best of my knowledge, the documentation and representations in the attachments are true and correct.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Chancellor [Enter name with original signature above.] |  | date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Sole Designated Official per Chancellor’s letter dated [mm/dd/yy][Enter name with original signature above.] |  | date |

**DELEGATED-AUTHORITY PROJECT: CERTIFICATION CHECKLIST**

**REQUIRED REVIEWS**

|  |  |
| --- | --- |
| **Campus/Medical Center:** | [Enter campus.] |
| **Project Name:** | [Enter name.] |
| **Project Number:** | [Enter number.] |

|  |
| --- |
| **CAPITAL MARKETS FINANCE** |
| Check one:  [ ]  Review of external financing is complete. [ ]  Not applicable for the proposed action(s). (Sign-off by the Associate Vice President-Finance is not required.) |
|  |  |  |  |  |
|  | Director – Capital Markets Finance |  | date |  |
| **EXECUTIVE VICE PRESIDENT-CHIEF FINANCIAL OFFICER** |
| Check one: [ ]  No Regental review is required. By approving and implementing this project, the campus/medical center asserts that it is a responsible financial decision and it has adequate resources to implement the project. [ ]  Regental Review is required. |
|  |  |  |  |  |
|  | Executive Vice President-Chief Financial Officer |  | date |  |

**DELEGATED-AUTHORITY PROJECT: CERTIFICATION CHECKLIST**

**ATTACHMENT 1: CEQA COMPLIANCE SUBMITTAL DOCUMENTATION**

|  |  |
| --- | --- |
| **Campus/Medical Center:** | [Enter campus/medical center.] |
| **Project Name:** | [Enter name.] |
| **Project Number:** | [Enter number.] |
| **CHECKLIST ITEMS** | **Submittal Package Contents (check all that apply)** |
| 1. **Does the project require discretionary approval(s) from a CEQA responsible agency?** (check one)

☐ **Yes →**☐ **No** | Documentation, if applicable[ ]  Provide list of Responsible Agency approval(s) required. [Provide list or N/A] (e.g., California Coastal Commission, U.S. Army Corps of Engineers, CalFire, California Department of Fish & Wildlife, U.S. Fish & Wildlife Service, etc.)[ ]  Indicate status of application(s). [Brief statement of status or N/A][ ]  Indicate anticipated timing of Responsible Agency approval. [Date or N/A] |
| 1. **CEQA Compliance.**
 | Documentation (check all applicable boxes, electronically attach all applicable documents)[ ]  EIC form signed by OP[[1]](#footnote-1)[ ]  Exemption[[2]](#footnote-2) [Identify applicable CEQA statute or guidelines section][ ]  Environmental documentation is required[[3]](#footnote-3) [Identify type of environmental document and identify anticipated date draft documents would be available for review by OP and OGC. Provide electronically if already available.] [ ]  Public notification of pending delegated approval[[4]](#footnote-4) [Provide location of public notification on campus website – current or anticipated][ ]  Required CEQA noticing[[5]](#footnote-5): [List all applicable notices with past and anticipated future filing/distribution dates][ ]  For EIRs only: Public scoping meeting date(s): [Past or anticipated future date(s)] and Public hearing dates: [Past or anticipated future date(s)]. |
| 1. **Community Concerns**
 | [ ]  Community Concerns: [Describe any anticipated community concerns with environmental impacts associated with the project or the environmental review process.] |

1. EICs should be sent to both OP Physical and Environmental Planning and the assigned OGC land use counsel for the campus no later than the time the delegated checklist is submitted. If there is any change in project scope from that described in an EIC previously signed by OP, the campus shall notify OP and OGC to confirm whether a new or revised EIC is required. An EIC signed by OP is the only CEQA documentation that must be completed prior to approval of the delegated checklist, regardless of the type of approval being sought (e.g. budget only). [↑](#footnote-ref-1)
2. Documentation of an exemption (categorical, statutory, or common sense) should always include the EIC plus explanatory text in the approval item’s environmental summary section, and may also require an additional “Memo to the File” that demonstrates why the project qualifies for the specific exemption(s) cited. [↑](#footnote-ref-2)
3. CEQA documents (draft or final) are not required for OP to complete review and approval of the delegated checklist. The campus/medical center should coordinate with OP and OGC for the review of administrative draft CEQA documents prior to public review and/or finalization. At least 2 weeks should be provided for review of draft documents. The campus/medical center is responsible for assuring all required CEQA documents are complete and appropriately attached to design approval items at the time of Chancellor’s approval. [↑](#footnote-ref-3)
4. The campus/medical center is required to provide public notice of the proposed delegated approval of the project and the availability of final environmental documents, and must post the environmental documents on its website, at least 15 days in advance of the action to approve the project. Environmental documents must remain available on the campus website at least 40 days following approval. [↑](#footnote-ref-4)
5. The campus/medical center is responsible for filing of all applicable notices pursuant to CEQA (e.g. NOP, NOA, NOE, NOD). [↑](#footnote-ref-5)