



Delegation of Authority

(Revised as of 2/16/2016)

By means of this letter I, Laura Cruickshank, AVP, Master Planner & Chief Architect, delegate the authority described herein to Michael Schrier, Storrs Campus Architect and Director of Design & STEM Projects (the "Delegate").

A. Scope of Delegation

The Delegate is hereby authorized to review, approve and execute the following documents on my behalf:
The Storrs Campus Architect and Director of Design & STEM Projects, Michael Schrier, shall have the authority to sign all professional design, professional services (including additional services notices to proceed), pre-construction, or construction-related contracts or amendments thereof (including construction change directives, change orders within the scope of such contracts, and proposed change orders) with a value of \$25,000.00 or less.

B. Limitations

1. This delegation is limited to the above described documents with:

<input checked="" type="checkbox"/> a value less than or equal to <u>\$ 25,000.00</u> .	<input type="checkbox"/> not applicable
<input type="checkbox"/> a contract duration that does not to exceed _____.	<input checked="" type="checkbox"/> not applicable

2. The authority delegated in this document shall not be sub-delegated.

C. Term of Delegation

1. This delegation shall become effective upon approval by Office of the General Counsel.



2. This delegation shall run until the earlier of (a) when I revoke it or (b) the Delegate is no longer serving in the position described in this delegation or (c) the date specified below:

Please check one.

- The end of the fiscal year.
- The following date _____.
- Not applicable.

3. This delegation shall automatically terminate upon Delegate's separation from UConn.

D. Certification

<p>Employee Granting Delegated Authority: I certify that:</p> <p>1. Delegate has the training and expertise required to use the delegated authority appropriately and knowledgeably.</p> <p>2. I have read and understand the authorized uses and limitations contained in this delegation and that a periodic review of signature authority is recommended (at least once a year).</p> <p>3. I understand that I am responsible for taking appropriate measures to insure proper exercise of the sub-delegation of authority, including appropriate reviews, and am ultimately responsible for the documents reviewed and executed by the Delegate on my behalf.</p>	<p>Employee Accepting Delegated Authority: I certify that:</p> <p>1. I understand and agree to comply with authorized uses and limitations regarding the authority delegated to me.</p> <p>2. Any misuse by me may result in disciplinary action.</p>
<p> _____ Signature</p> <p><u>03/09/2021</u> Date</p>	<p> _____ Signature</p> <p><u>03/09/2021</u> Date</p>

<p>Approved by the Office of the General Counsel:</p> <p>_____ Signature</p>
<p>Name: _____</p> <p>Date: _____</p>