

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 Sean Vasington, Director, University Landscape Architect (the "Delegate").

A. Scope of Delegation

The Delegate is hereby authorized to review, approve and execute the following documents on my behalf:

The Director, University Landscape Architect, 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.

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Limitat	ions		
1.	This delegation is limited to the above described documents with:		
	\boxtimes a value less than or equal to $$25,000.00$.	☐ not applicable	
	\square a contract duration that does not to exceed	oxtimes 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 O	General Counsel.	
2.	This delegation shall run until the earlier of (a) when I revoke it or (b) the longer serving in the position described in this delegation or (c) the data below:	_	
	Please check one.		
	\square The end of the fiscal year.		
	\square The following date		
	Not applicable.		
	1. 2. Term o 1.	 ☑ a value less than or equal to \$25,000.00. ☐ a contract duration that does not to exceed	

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

D. Certification

Employee Granting Delegated Authority: I certify that:	Employee Accepting Delegated Authority: I certify that:
Delegate has the training and expertise required to use the delegated authority appropriately and knowledgeably.	I understand and agree to comply with authorized uses and limitations regarding the authority delegated to me.
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).	2. Any misuse by me may result in disciplinary action.
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.	
Signature 03/09/2021 Date	Signature 03/09/2021 Date

Approved by the Office of the General Counsel:	
 Signature	
3.6	
Name:	
Date:	