



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 Richard Vollaro, Director of Accelerated Projects (the "Delegate").

A. Scope of Delegation

The Delegate is hereby authorized to review, approve and execute the following documents on my behalf:
The Director of Accelerated Projects, 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.

| |
|--|
| <input type="checkbox"/> The end of the fiscal year. |
| <input type="checkbox"/> The following date _____. |
| <input checked="" type="checkbox"/> 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> <ol style="list-style-type: none"> 1. Delegate has the training and expertise required to use the delegated authority appropriately and knowledgeably. 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). 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>Employee Accepting Delegated Authority: I certify that:</p> <ol style="list-style-type: none"> 1. I understand and agree to comply with authorized uses and limitations regarding the authority delegated to me. 2. Any misuse by me may result in disciplinary action. |
| <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> |