**IWO REQUEST FORM**

**for**

**SSHE-CM-2019**

This form to be completed and submitted by email to CSO for approval for the use of a firm and to receive an IWO Number. Contact CSO at 717-720-4131/4113 if there are any questions.

***Blocks 1. thru 8. to be completed by the requesting University***

|  |  |
| --- | --- |
| 1. Firm |  |
| 2. Selection of Firm  *[--indicate either Direct Selection or Limited Competition; if Limited Competition, indicate which other firms were invited to compete--]* |  |
| 3. Name of Project |  |
| 4. Professional’s Scope of Work  *[--very brief description--]* |  |
| 5. IWO Fee *[--indicate either estimated or actual--]* |  |
| 6. Start Date of IWO |  |
| 7. Estimated Completion Date of IWO |  |
| 8. University Approval:  a. University  b. Approving Official  c. Date | a.  b.  c. |

***APPROVAL BY CSO:***

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_, Director of Construction Management

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Assigned IWO Number: \_\_\_\_\_\_\_\_\_\_\_\_