Memorandum

Choose an item.

**TO:** Sameer Kapileshwari, Interim Executive Director, Facilities Management

**FROM:** Choose an item.

**THRU: Shannon Jones**, Director, Minor & Planned Projects

**DATE:**

**SUBJ:**

**OCA#:** K-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Check Adept for OCA tracking# of underlying contract. Not applicable if this is not for a change to a previously executed contract)*

1. PROJECT WORK REQUEST HISTORY AND NEED JUSTIFICATION:

This project is currently in the XXX phase.

The total project budget for this project is $\_\_\_ and this phase represents $\_\_\_ of the total project budget.

* Project Type:

THECB Repair & Renovation Avg. Cost Per Sq. Ft Choose Item

Market Cost Per Sq. Ft. Choose an item.

Actual Project Cost (construction) Per Sq. Ft. $\_\_\_

1. CONTRACT TYPE, PRICE, CONTRACTOR

**Agreement Type** for **$\_\_\_** to **Consultant/Contractor**

1. SCOPE OF WORK
2. PROGRAM OF REQUIREMENTS
3. HOW WAS THE WORK SOLICITED
4. WHY THIS CONTRACTOR IS THE BEST VALUE
5. HUB PERCENTAGE (%)
6. OTHER PROPOSAL/BIDS RECEIVED
7. FUNDING
8. VENDOR CONTACT INFORMATION:

CONTACT NAME:

CONTACT ADDRESS:

CONTACT PHONE #:

CONTACT FAX #:

CONTACT E-MAIL ADDRESS:

|  |
| --- |
|  |
|  |
|  |
|  |

**CONTRACT ITEM PM FSC N/A**

|  |  |
| --- | --- |
| SECTION 1: PROJECT MANAGERS |  |
|  |  |
| SECTION 2:  FACILITIES SERVICES COORDINATOR |  |
|  |  |

A. Targeted Schedule

* Targeted Start Date:
* Targeted Substantial Completion Date:

B. Contract Cover Memo

* Signature Authority
* Solicitation Method
* Project Control Budget/Applicable Budget Approval
* Project Funding Agreement / CRDM Form
* JOC/CSA Approval Form
* Scope Quality

*Clear scope referencing solicitation proposed work plan*

* Scope Continuation Form
* Program of Requirements

*\*Change order type and timing (if completed in the field, must proceed with MAPP exception in memo)*

C. Vendor Proposal (clean)

*Proposal referencing solicitation work plan*

*\*Vendor initials/date required if written changes*

D. Cost & Numerical Data Verified

E. Exhibits (Owner Contractor Agreement)

* Exhibit A: List of Drawings, Specs, Alternates & Addenda
* Exhibit B: Milestone Schedule
* Exhibit C: Special Conditions for Construction (A/E Specified)
* Exhibit D: HUB Subcontracting Plan/Certificate
* Liquidated Damages (Include in cover memo if waived)

\* F. Insurance Certificate

\* G. Incumbency Certificate

\* H. Payment Bonds ($25K)

\* I. Performance Bonds ($100K)

\* J. Bond Riders

*\*Not required for Contract for Professional Services*

K. Contract/JOC/SO/Change Order/DCA

* Vendor Name per [TX Comptroller Site](https://ourcpa.cpa.state.tx.us/coa/Index.html)
* Signature Lines
* 2 Identical copies of Contract attached and verified
* HUB Subcontractor Form

L. Certified PPT Form

* 1074

M. Notice To Proceed

***\*\* NOTE: ANY changes to a contract document after signatures MUST be initialed by your counterparty.***

Legend: Red boxes indicate responsible party; Green boxes indicate quality control check