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