

Division One

Section 01500 CONSTRUCTION FACILITIES AND TEMPORARY CONTROLS

1.02 Facilities and Controls

J. Project Sign

1. The Contractor will erect on adequate supports and maintain one (1) neatly constructed and painted 3/4" thick plywood sign approximately four feet by eight feet (4' x 8'). The Professional will provide the colors, letters, layout and location of the sign. No other signs will be displayed on the job site without permission of the Professional. The displaying of sign advertisements is strictly prohibited

2. Sign to be white background with black lettering/seal. Text style to be Times New Roman. Color of rectangular field at bottom to be selected by Owner. Provide custom Using Agency logo at circular white field of up to three additional colors. No corporate logos for Architect or Contractor shall be permitted. Where additional rendered signage is specified elsewhere, it shall consist of (1) or (2) additional 4'x8' panels, contiguous to the right side of primary project sign.

BOB Procedure Manual:

700.19

PROJECT SIGN

The contractor will erect on adequate supports and maintain one (1) neatly constructed and painted 3/4" thick plywood sign approximately four feet by eight feet (4' x 8'). The Professional will provide the colors, letters, layout and location of the sign. No other signs will be displayed on the job site without permission of the Professional. The displaying of sign advertisements is strictly prohibited.

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**THIS PROJECT IS FUNDED BY THE TAXPAYERS OF
MISSISSIPPI**

GOVERNOR PHIL BRYANT

PROJECT NAME

GS# 111-111

HB1111 or SB1111, LAWS OF 1111

DEPARTMENT OF FINANCE & ADMINISTRATION

BUREAU OF BUILDING, GROUNDS & REAL
PROPERTY MANAGEMENT

ARCHITECT

ARCHITECT NAME

CONTRACTOR

CONTRACTOR NAME

MISSISSIPPI C.O.R. #11111

USING AGENCY NAME

HEAD OF USING AGENCY NAME

GOVERNING BOARD (WHERE APPLICABLE)

Division One

June 2011

General

Appendix 10

Division One

June 2011

Project Requests

Appendix 200

CONTENTS

APPENDIX 200: PROJECT REQUESTS

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STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR
DEPARTMENT OF FINANCE AND ADMINISTRATION
KEVIN J. UPCHURCH
EXECUTIVE DIRECTOR

MEMORANDUM

TO: State Institutions and Agencies (emailed)

FROM: Director
Bureau of Building, Grounds and Real Property Management

RE: Project Request Database (previously Project Data Forms and Project Data Summary Forms prior to 2010) for Repair and Renovation, Capital Improvement, and Preplanning Needs

DATE: March 31, 2011

This is a reminder! It is time to prepare the Report of immediate and future Repair and Renovation, Capital Improvement, and Preplanning needs for fiscal years 2013-2017. Deadline for submission is **May 1, 2011**. It is imperative that this information be in our office no later than the due date in order to schedule any tour to your campus.

Attached is a copy of the Project Request Database vs(4ch will be used as the, only, basic source of information for the Project Data Form and Project Data Summary Form used in previous Vars. You will NOT be able to use the spreadsheet from last year (there is an additional column for new construction this year). The information submitted at this time will also be the basis for the Facilities Needs Assessment (Project Impact) submitted later in the year. The intent of this change is to minimize the duplication of effort and tasks previously required as we transition to a new electronic project management system.

Please note, the Project Request Database is to be used for Repair and Renovation or Capital Improvement (and Pre-planning, if necessary) needs. Instructions for completing this Form are also attached and are found on the Bureau of Building web site. The Project Data Summary Form will be generated automatically from the database within our Office. These Memos and forms can be found at the bottom of the page on our website:

<http://www.dfa.state.ms.us/0fflccs/BOB/BOBforms.htm>.

Please submit one copy of the Project Request Database by email to Melody Coulson at smith@dfa.state.ms.us. (This replaces previous submissions, in duplicate, by USPS) You will be contacted regarding the summer visits at a later date. If you have any questions, please contact the Bureau's Staff Architect or Construction Administrator assigned to your Institution/Agency or by email to smith@dfdtate.rns.us.

Project Impact and Inventory of Building:

Upon receipt of this Project Request Database (entitled Project Data Forms and Project Data Summary Forms prior to 2010), we will immediately email the 2011 Impact Form and your 2010 Inventory of Building (Capital Facilities Report) for updating and completion — both of which are due July 15, 2011, giving us time for preparation before the deadlines per Code 31-11-27(1)(c) and (2)(xi)(b).

Thanks

/pgw

Attachments

**Instructions
for Completing the
Project Request Database**
(previously Project Data Form prior to 2010)

Requests for *Repair and Renovation*, *Capital Improvement*, and *Preplanning* projects should be prepared in the same **Project Request Database**. Each institution and agency will submit one (1) electronic copy of the **Project Request Database** to the Bureau of Building, Grounds and Real Property Management.

Request Information:

1. **Indicate Fiscal Year:** The fiscal years covered by the request are pre-selected and may not be changed. Up to 10 entries per fiscal year may be submitted (regardless of project type)
2. **Indicate Request Priority:** List the projects in "your" priority order per fiscal year. Normally, the first three (3) projects will be considered immediate needs and the remaining projects will be future needs.
3. **Project Title:** A brief title delineating the project.
4. **Project Type:** Classification of the project.
 - a. **Repair and Renovation:** (Normally, projects under \$2,000,000.00)
Generally, repair and renovation either returns a building to its original condition, or updates it to meet current codes and standards. This is typically roof replacement, partition changes, mechanical repairs or changes, etc.
 - b. **Capital Improvements:** (Normally, projects over \$2,000,000.00)
All new construction, major additions or complete renovation of an existing facility are considered capital improvements.
 - c. **Preplanning:** Projects for new construction over \$2,000,000.00 require preplanning. Generally, new projects require program preparation, schematic planning, site selection, and a creditable estimate. Only two percent (2%) of the estimated total funding is required for preplanning with anticipated funding for construction the next legislative session.
 - d. **Note:** The \$2,000,000.00 breaking point between Repair and Renovation and Capital Improvement is not always definite. Generally, it works because of the appropriation process. New buildings or additions are Capital Improvements. Judgment in this decision is necessary.
5. **Project Description:** Give a brief description of the project which includes square footage and intended use of facility. (The fields will automatically expand to accommodate all entered data. You are not restricted to a single line.)
6. **Project Justification:** Give a brief justification of the need for the project. (The fields will automatically expand to accommodate all entered data. You are not restricted to a single line.)
7. **Furniture & Equipment:** Give the best known budget for furniture and equipment needs associated with this project. Budgets for IT and communications equipment are broken out separately under Item 8 below and are not to be included in this column.
8. **Telecommunications:** Give the best budget for telecommunications equipment and furnishings associated with the project.

9. Estimated Total Project Budget: Give the best known budget information regarding construction costs, fees (prime and Commissioning), any miscellaneous, furniture and equipment, telecommunications, and contingency. The last column will total automatically.

Information: It is important that we have the information at the top of the page regarding Institution/Agency name, Preparer's Name responsible for the data compilation, Phone, Fax, and E-mail.

PROJECT DATA FORT-DATABASE REQUEST

INSTITUTION

PREPARED BY

PHONE

FAX

E-MAIL

2012 For FY 2014

Legislative Budget
Office Report

FISCAL	REQUIREMENT	INSTITUTION	ANTICIPATED PROJECT	TYPE PROJECT	PROJECT DESCRIPTION	PROJECT JUSTIFICATION	NEW	COSTS	PRIME	CX FEE	MIS	FURN	TELE
201	1									\$			
201	2								\$	\$			
201	3								\$	\$			
201	4												
201	5								\$	\$			
201	6								\$	\$			
201	7								\$				
201	8								\$				
201	9								\$				
201	10									\$			
201									\$	\$			
201	2								\$	\$			
201	3								\$	\$			
201	4								\$	\$			
201	5								\$	\$			
201	6								\$	\$			
201	7								\$	\$			
201	8								\$	\$			
201	9								\$	\$			
201	10									\$			
201	1								\$	\$			
201	2								\$	\$			
201	3								\$	\$			
201	4								\$	\$			
201	5								\$	\$			
201	6								\$	\$			
201	7								\$	\$			
201	8								\$	\$			
201	9								\$	\$			
201	10								\$	\$			
201	1								\$	\$			
201	2								\$	\$			
201	3								\$	\$			
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201	5								\$	\$			
201	6								\$	\$			
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201	8								\$	\$			
201	9								\$	\$			
201	10								\$	\$			
201	1								\$	\$			
201	2								\$	\$			
201	3								\$	\$			
201	4								\$	\$			
201	5								\$	\$			
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201	9								\$				
201	10									5			



STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR

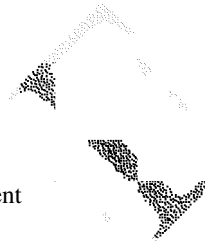
MEMORANDUM

TO: State Institutions and Agencies

FROM: Director
Bureau of Building, Grounds and Real Property Management

RE: Project Impact Forms (LBO request) 4P

DATE: March 31, 2011



DEPARTMENT OF FINANCE AND ADMINISTRATION

Kevin J. Upchurch
EXECUTIVE DIRECTOR

This is a reminder! It is getting close to time to prepare the Project Impact Form which is derived from your Project Request Database Form (entitled Project Data Forms prior to 2010), getting ready for LBO Reports and Budget Hearings. We will send you the editable Impact Form immediately once we receive your Project Request Database Spreadsheet:

Absolute deadline for submission is July 15, 2011.

Code 31-11-27 xi(b) requires a deadline of August 1st; however, the Bureau has to compile the LBO Report from these forms and needs some time to do so (thanks). This date is imperative in order to assemble documents for the Budget Hearing.

Attached is a copy of the Project Impact Form. This form is also found in Excel on the Bureau's web site at <http://www.dfa.state.ms.us/Offices/BOB/BOBforms.htm> in an un-editable form. As mentioned above, we will send you the editable Impact Form immediately once we receive your Project Request Database Spreadsheet.

Submit the Project Impact data for the ten projects you included on the Project Request Database Form (or revise from the previous Project Request Database submittal) for each field requested, per fiscal year and indicate the project type (R&R, CI, PP) for each project. Explanations for the Project Impact are listed below.

Fill in "N" through "U" below if you have not already done so from the Project Request Database

form:

- N. Construction Cost = Total construction budget cost for the project to include facility construction and site work.
- O. Prime Professional Fees = Cost of Architectural or Engineering services.
- P. Cx Fees = Cost of Commissioning Fees if the project is to be commissioned.

- Q. Misc = Miscellaneous project fees (if any)
 - R. Furn & Equip = Furniture and Equipment design, material and installation costs.
 - S. Telecom = Telecommunications design, equipment and installation costs.
 - T. Contingency = Project contingency if appropriate (5% recommended)
 - U. Total Est Budget = Automatically calculated from items L-R.
- AC. Estimated Begin Date = The date you anticipate the project to start in the planning phase.
- AD. Estimated End Date = Start Date plus Planning and Construction time
- AE. C=Complete, P=Phased: If the request is the only legislative request that you will have for planning, construction, furnishing, equipping, and communication costs for the project — then mark with a "C". If you will have future requests for the same project or have received previous requests -- then mark with a "P". We welcome explanation if you have some that you believe would help us better understand the status of the request ("*" and add explanations at bottom of form — you can insert lines)
- AF-AH Agency Operating Impact: This may require input from the administration of the agency, in addition to the facilities personnel. e.g. if you are constricting a 50,000 s.f. building, you may be expanding a program and will require additional personnel to administer the program, or you may be relocating a program and may not be increasing the personnel for the agency.

O & M=Operation and Maintenance Cost: This would be estimated at about \$7.00 per square foot per year for most buildings. The first year may not be this high, but the life cycle cost will indicate about this amount for operation of the facility. The foregoing is true for Higher Education facilities. Mental Health and Correctional Facilities may require much higher figures.

The energy cost should run about \$3.00 per square foot per year.

- AI-AK Financing: If an agency is getting the entire project financed by Legislative appropriation, then list the amount of the appropriation in dollars. However, we can convert % to \$ if we know the total project costs. If you have Federal, local, or private funding, please list this amount. If the private or federal funding requires a match or is to be used only for specific items, we also need that information.
- AL-AM Annual Debt Service and Economic Impact: The debt service will be calculated by using 8% of the state funding amount. The economic impact indicates that by construction of the facility, there will be an economic benefit to the State of Mississippi. e.g. the agency may receive federal funds for grants because of the addition of the facility; the agency may be creating a program that will bring in Department of Defense funding, Department of Energy funding, or may allow for any type of federal or private funding that is not currently being provided to the state and will be provided because of the construction of the referenced facility.

All requests submitted will be used as the basis for the Bureau's annual report to the Legislative Budget Office.

Please submit the Project Impact Spreadsheet by email to SMITFIAdfa.state.ms.us

/pgw

Attachment

F I G I H I I I J I K I L							
				PROJECT DATA			
				FORE			
				INSTITUTION			
				PREPARE			
				D BY			
8	FISCA L	REQUES T	INSTIT UTION	ANTICIPATED PROJECT TITLE	TYPE PROJEC	PROJECT DESCRIPTIO N	PROJECT JUSTIFICATIO N
9	2013	1					
10	2013	2					
11	2013	3					
12	2013	4					
13	2013	5					
14	2013	6					
15	2013	7					
16	2013	8					
17	2013	9					
18	2013	10					
19	2014	1					
20	2014	2					
21	2014	3					

22	2014	4					
23	2014	5					
24	2014	6					
25	2014	7					
26	2014	8					
27	2014	9					
28	2014	10					
29	2015	1					
30	2015	2					
31	2015	3					
32	2015	4					
33	2015	5					
34	2015	6					
35	2015	7					
36	2015	8					
37	2015	9					
38	2015	10					
39	2016	1	-				
40	2016	2					
41	2016	3					
42	2016	4					
43	2016	5					
44	2016	6					
45	2016	7					

F I G I H I I I K I I							
	PROJECT DATA						
	FORE						
	INSTITUTION						
	PREPARE						
	D BY						
8	FISCA L	REQUES T	INSTIT UTION	ANTICIPATED PROJECT TITLE	TYPE PROJEC	PROJECT DESCRIPTIO N	PROJECT JUSTIFICATIO N
46	2016	8					
47	2016	9					
48	2016	10					
49	2017	1					
50	2017	2					
51	2017	3					
52	2017	4					
53	2017	5					
54	2017	6					
55	2017	7					
56	2017	8					
57	2017	9					
58	2017	10					

Legislative Budget Office Report

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Division One

43			\$ -	\$ -					\$ -		\$ -
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M I N I O I P I O I R I S I T I U I z I AA											
2012 For FY 2014											
Legislative Budget Office Report											
8	NE W	CO NST	PRI ME	Cx FEES	MISC	FUR N &	TE LE-	CONTIN GENY	TOTAL EST BUDGET	CURRENT FUNDING	REQUESTED FUNDING
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47			\$ -	\$ -					\$		\$
48			\$ -	\$ -					-		\$ -
49			\$ -	\$ -					\$ -		\$ -
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58			\$ -	\$ -					\$		\$ -

-- SAMPLE --

Declaration of Emergency

I, Dr. John Q. Statesman, Director of the Department of Public Works, do hereby make the following findings and determinations pursuant to authority provided in Section 31-7-13(j), Mississippi Code 1972, Annotated:

- (a) That, there is an emergency at the Public Works Building, 9999 South Smith Street, Jackson, Mississippi, which involves three chillers installed to produce air conditioning and heating for the entire building. Due to recent mechanical failures of two (2) obsolete chillers, we now have only one (1) functioning chiller to provide heat during the remaining winter months, and it may fail at any time.
- (b) That, Mr. John Smith, Physical Plant Director, has made a determination that the chillers at the Public Works Building, are an emergency situation.
- (c) That, delay incident to giving opportunity for competitive bidding would be detrimental to the best interest of the state.
- (d) Further, that plans for emergency repairs have been prepared and should be used to obtain written quotes.

By means of this Emergency Certificate, we request the Bureau of Building, Grounds and Real Property Management to take the necessary steps for immediate repairs to the chillers at the Public Works Building.

Dr. John Q. Statesman,
Director Department of
Public Works

Sworn to and subscribed before me
this the 30th day of December,
2001.

Notary Public
My Commission Expires:

Declaration of Emergency Certificate

, Executive Director of the Department of Finance and Administration, do hereby make the following findings and declarations pursuant to authority provided in Sections 31-7-1(f) and 31-7-13 (j), *Mississippi Code of 1972*:

(1)An emergency exists in regard to three chillers installed to produce air conditioning and heating for

the entire Public Works Building.

(2) The delay incident to giving opportunity for competitive bidding would be detrimental to the

interests of the State. This finding is based on Declaration of Emergency, dated December 30, 2001, by Dr. John Q. Statesman, Director of the Department of Public Works.

(3)As per Section 31-7-1(f), *Mississippi Code of 1972*, *Emergency shall mean . . . when the immediate*

preservation of order or of public health is necessary by reason of unforeseen emergency, or when the immediate restoration of a condition of usefulness of any public building

.. appears advisable.. .

Also Any circumstances caused by . . . storm . . . or

(4)Four (4) informal written quotes (or bids) were received, as follows:

- (a) \$0,000.00 - Contractor's name
- (b) \$0,000.00 - Contractor's name
- (c) \$0,000.00 - Contractor's name
- (d) \$0,000.00 - Contractor's name

(5) The repairs to the chillers are being processed under GS# 000-000 entitled "Emergency Chillers."

(6)An emergency has been declared to exist and authorization has been given to enter into a contract

with So and So Contractor, Inc., to provide the necessary repairs and the State of Mississippi will pay the total cost of \$0,000.00 plus professional fees.

DFA Executive Director

Date: _____

Sworn to and subscribed before me
_____ on this the of _____, 20 .

Notary Public

My Commission Expires:

Letterhead

-- SAMPLE --

To: Institutions/Agencies/Departments

From: Director of Accounting & Finance
Office of Budget and Accounting

Re: Transfer of Funds for Repair/Renovation
and Capital Projects

Date: March 7, 1995

In order for funds to be properly transferred and deposited by the Bureau of Building, Grounds and Real Property Management, a Notification to Transfer Funds form must be submitted along with your check. This form may be obtained from Bureau of Building Staff.

The purpose of this form is to provide additional information for DFA Accounting Office to better track the original authorization of these funds. These funds may need to be reappropriated to either the Department of Finance and Administration or the Using Agency at the end of each Fiscal Year.

If you have any questions, please call me at 359-3626.

Notification to Transfer Funds

Date: _____
To: Bureau of Building, Grounds and Real Property Management
501 North West Street, Suite 1401B (Woolfolk Building)
Jackson, MS 39201
Phone: 601/359-3621

From: _____
(Agency Name)

(Agency Address)

(Name of Contact Person and Telephone Number)

Project Number: _____

Project Title: _ _____

Make Check(s) Payable To: **Fund 3921**
Self-generated funds, Federal funds, Non-appropriated funds
 Fund 3931
Regular appropriated funds
 Fund 4900
Education Enhancement funds

This is to confirm that \$ _____ is being transferred to the Bureau of Building, Grounds and Real Property Management for the above referenced Project. Funds were authorized to this Institution/Agency/Department by the following Legislation:

Bill Number: (Senate) _____ (House) _____

Laws of: _____

Fund Number: _____

Funding Type: General/Special
 Federal
 Education Enhancement
 Other (Specify)

Submitted By:

(Signature) (Title)

Project Initiation

Appendix 300

Codes and Policies

Appendix 400

CONTENTS

APPENDIX 400: CODES AND POLICIES

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	Professional Contract Review Form.....	23

Contents

**ROOF ANALYSIS
Inspection Form**

Project #	Date
Project Name:	
Using Agency:	
Contact Person:	
Title:	Phone #:
Professional:	Phone #:
Report Prepared By:	

BASIC DATA REQUIREMENTS: *(To be included in survey)*

Coring is required to determine any latent conditions.

Photographs are required of the entire roof as well as items of extreme deterioration.

ACM Testing is required to locate any Asbestos Containing Materials (ACM) which may be disturbed by this roofing project. Laboratory reports shall be included.

Moisture Testing is required on overlay projects that do not require complete tear-off of existing roofing or where deemed necessary by the Professional. Testing costs authorized by the Owner shall be reimbursed. Laboratory reports shall be included.

Schematic Roof Plans are required showing individual area numbers; different roof levels and slopes; type of roofing and decking; interior roof drains, gutters and downspouts; edge conditions, fasciae and parapet walls; hatches and roof top equipment as well as any other pertinent information. Show by numbers the locations of major roof defects. Provide sketches of the existing perimeter and flashing conditions. Separate visual analysis sheets may be provided for individual areas of the roof.

Cost Estimate is required in order to provide over-all project cost. ECKLIST FOR VISUAL

OBSERVATION:

<input type="checkbox"/> Allistering	<input type="checkbox"/> Coping	<input type="checkbox"/> Abandoned Equipment
<input type="checkbox"/> Blisters	<input type="checkbox"/> Counterflashing	<input type="checkbox"/> Curb Heights
<input type="checkbox"/> Bare Areas	<input type="checkbox"/> Downspouts	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Eroded Felts	<input type="checkbox"/> Expansion Joints	<input type="checkbox"/> Electrical Conduit
<input type="checkbox"/> Delamination	<input type="checkbox"/> Facia	<input type="checkbox"/> Electrical Service Entry
<input type="checkbox"/> Fishmouths	<input type="checkbox"/> Gravel Guards	<input type="checkbox"/> Equipment Clearance
<input type="checkbox"/> Fractures	<input type="checkbox"/> Pitch Pockets	<input type="checkbox"/> Fireproofing
<input type="checkbox"/> Ridging	<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Guide Wire Anchors
<input type="checkbox"/> Slippage		<input type="checkbox"/> Parapet Height

<input type="checkbox"/> Gas Lines	<input type="checkbox"/> Scuppers	<input type="checkbox"/> Thru Wall Flashing Height
------------------------------------	-----------------------------------	---

VISUAL ROOF ANALYSIS INSPECTION FORM
Individual Area

BASIC DATA:

Project #

Building #

Name:		Of:
Slope:		Age:
Roof Type(s):	Material:	
<input type="checkbox"/> Built-Up	Coal Tar: Felt Type: Surfacing:	Asphalt: No. Piles:
<input type="checkbox"/> Single Ply	Material: Attachme	
<input type="checkbox"/> Metal	Material: Attachme	
<input type="checkbox"/> Other	Material: Attachme	
Insulation(s): Type: Attachment:		Thickness:
Vapor Barrier(s): Type:		Condition:
Decking(s): Material:		Thickness:
Other:		

SUPPLEMENTAL INFORMATION:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	ACM	Estimated Area:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Moisture Report Wet Components:	Estimated Area:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Roof Bond Manufactu	Expiration Date: Type:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Fire Rating Requireme	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No	Other	

Division One

VISUAL ROOF ANALYSIS INSPECTION FORM
Individual Area

Project #	Buildin g #	Area #
-----------	-------------	--------

DEFICIENCIES:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Leakage
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ponding
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Defects:
		1. Defect: Compon
		Possible Cause: ent:
		2. Defect: Compon
		Possible Cause: ent:
		3. Defect: Compon
		Possible Cause: ent:
		4. Defect: Compon
		Possible Cause: ent:
		5. Defect: Compon
		Possible Cause: ent:

COMMENTS:

<input type="checkbox"/>	RECOMMENDATIONS FOR THIS AREA:
<input type="checkbox"/>	Complete removal and replacement Type:
<input type="checkbox"/>	Provide Slope
<input type="checkbox"/>	Recover (Overlay existing) Type:
<input type="checkbox"/>	No action Continue Maintenance:
<input type="checkbox"/>	Other

COST ESTIMATE OF THIS AREA:

Cost per Square

Number of Squares x

Total Cost

Provide total cost recap, including all areas with survey.

describe that part:

MS 4	1. Firm Firm City Name/Business Address Name as listed with Secretary of State Mailing Address Email Address	2. Year Present Firm Est.: 3. Date Prepared: 4. Specify type of ownership and check below if applicable: <input type="checkbox"/> A. Sole Proprietorship <input type="checkbox"/> B. Partnership <input type="checkbox"/> C. Corporation (includes
Architect-Engineer and Related Services Questionnaire <i>Bureau of Building, Grounds</i>	is organized and exists under the place of business at	5a. 5 digits (vendor number NOT necessary)
6. Engineer, give discipline): Title/Telephone/MS License Number(s) Cell phone numbers and emails are helpful Names of all Principals (if Principal 1 / Title Telephone/Cell/email / MS License # Principal 2 / Title Telephone/Cell/email / MS License # Principal 3 / Title Telephone/Cell/email / MS		
7. Present Offices: City/State/Telephone/Fax Number/No. Personnel Each Office City / State / Telephone / Fax Number / Pers City / State / Telephone / Fax Number / Pers City / State / Telephone / Fax Number / Pers City / State / Telephone / Fax Number / Pers City / State / Telephone / Fax Number / Pers		7a. Total
8. Personnel by Discipline: <i>(List each person only once, by primary function.)</i>		
Administrative	Electrical Engineers	Oceanographers
Architects, Registered	Estimators	Planners, Urban/Regional
Chemical Engineers	Geologists	Sanitary Engineers
Civil Engineers	Hydrologists	Soils Engineers
Construction Inspectors	Interior Designers	Specification Writers
Draftsmen	Landscape Architects	Structural Engineers
Ecologist	Mechanical Engineers	Surveyors
Economists	Mining Engineers	Transportation Engineers
		_Architects, In-
		_ Other
		_ Other
		_ Other
		_ Other
		_ Other
		_ Other

9. Professional Received: <i>(Insert index number)</i>	Summary of Professional Services Fee (Most recent year first)	Last 5 Years Ranges of Services Fees Index
Direct contract work		<ol style="list-style-type: none"> 1. <i>Less than \$100,000</i> 2. <i>\$100,000 to \$250,000</i> 3. <i>\$250,000 to \$500,000</i> 4. <i>\$500,000 to \$1 million</i> 5. <i>\$1 million to \$2 million</i>
<i>All other domestic work</i>		

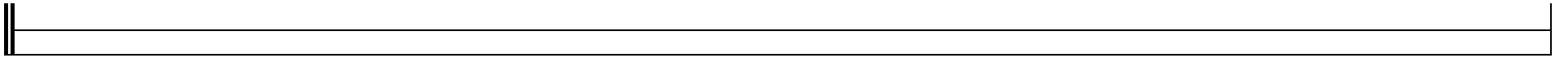
10. Profile of Firm's Project Experience, Last 5

	Profile	Number of Projects	Total Gross	Profile Code	Number of Projects	Total Gross	Profile Code	Number of Projects	Total Gross
1)	000		\$0	11)	000	\$0	21)	000	\$0
2)	000		\$0	12)	000	\$0	22)	000	\$0
3)	000		\$0	13)	000	\$0	23)	000	\$0
4)	000		\$0	14)	000	\$0	24)	000	\$0
5)	000		\$0	15)	000	\$0	25)	000	\$0
6)	000		\$0	16)	000	\$0	26)	000	\$0
7)	000		\$0	17)	000	\$0	27)	000	\$0
8)	000		\$0	18)	000	\$0	28)	000	\$0
9)	000		\$0	19)	000	\$0	29)	000	\$0
10)	000		\$0	20)	000	\$0	30)	000	\$0

11. Project Examples, Last 5 years:

(Prime, Consultant, Joint Venture, Individual Experience for firms less than 5
 Profile "P", "C",
 Code "JV", "IE"

1)	000	Select
2)	000	Select
3)	000	Select
4)	000	Select
5)	000	Select
6)	000	Select
7)	000	Select
8)	000	Select
9)	000	Select
10)	000	Select



11)	000	Select	Project Name	Owner Name	\$0	01/01/2001
			Project Location	Owner Address		
12)	000	Select	Project Name	Owner Name	\$0	01/01/2001
13)	000	Select	Project Name	Owner Name	\$0	01/01/2001
14)	000	Select	Project Name	Owner Name	\$0	01/01/2001
16)	000	Select	Project Name	Owner Name	\$0	01/01/2001
17)	000	Select	Project Name	Owner Name	\$0	01/01/2001
18)	000	Select	Project Name	Owner Name	\$0	01/01/2001
19)	000	Select	Project Name	Owner Name	\$0	01/01/2001
			Project Location	Owner Address		
2 0)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001
2 2)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001
2 3)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001
			Project Location	Owner Address		
2 4)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001
2 6)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001

2 8)	0 0 0	Select	Project Name	Owner Name	\$0	01/01/2001	
-------	-------	--------	--------------	------------	-----	------------	--

29)	000	Select	Project Name	Owner Name	\$0	01/01/2001
			Project Location	Owner Address		

12. I hereby certify that the foregoing is a true and correct statement of facts.

Signature _____ Name & Title: Name / Title

Experience Profile Code Numbers for use with questions 10 and 11:	024 Dams (<i>Concrete; Arch</i>)	045 Highrise; Air-Rights-Type Building
001 Acoustics; Noise Abatement	025 Dams (<i>Earth; Rock</i>); Dikes; Levees	046 Highways; Streets; Airfield Paving; Parking Lots
002 Aerial Photography	026 Desalinization (<i>Process & Facilities</i>)	047 Historical Preservation
003 Agricultural Development, Grain Storage	027 Dining Halls; Clubs; Restaurants	048 Hospital & Medical Facilities
Farm Mechanization	028 Ecological & Archeological Investigations	049 Hotels; Motels
004 Air Pollution Control	029 Educational Facilities; Classrooms	050 Housing (<i>Residential, Multi-Family; Apartments; Condominiums</i>)
005 Airports; Nav aids; Airport Lighting; Aircraft Fueling	030 Electronics	051 Hydraulics & Pneumatics
006 Airports; Terminals & Hangars; Freight Handling	031 Elevators; Escalators; People-Movers	052 Industrial Buildings; Manufacturing Plants
007 Arctic Facilities	032 Energy Conservation; New Energy Sources	053 Industrial Processes; Quality Control
008 Auditoriums & Theaters	033 Environmental Impact Studies, Assessments or Statements	054 Industrial Waste Treatment
009 Automation; Controls; Instrumentation	034 Fallout Shelters; Blast-Resistant Design	055 Interior Design; Space Planning
010 Barracks; Dormitories	035 Field Houses; Gyms; Stadiums	056 Irrigation; Drainage
011 Bridges	036 Fire Protection	057 Judicial & Courtroom Facilities
012 Cemeteries (<i>Planning & Relocation</i>)	037 Fisheries; Fish Ladders	058 Laboratories; Medical Research Facilities
013 Chemical Processing & Storage	038 Forestry & Forest Products	059 Landscape Architecture
014 Churches; Chapels	039 Garages; Vehicle Maintenance Facilities; Parking Decks	060 Libraries; Museums; Galleries
015 Codes; Standards; Ordinances	040 Gas Systems (<i>Propane; Natural, Etc.</i>)	061 Lighting (<i>Interiors; Display Theater, Etc.</i>)
016 Cold Storage; Refrigeration; Fast Freeze	041 Graphic Design	062 Lighting (<i>Exteriors, Streets: Memorials; Athletic Fields, Etc.</i>)
017 Commercial Buildings (<i>low rise</i>); Shopping Centers	042 Harbors; Jetties; Piers; Ship Terminal Facilities	063 Materials Handling Systems; Conveyors; Sorters
018 Communications Systems; TV; Microwave	043 Heating; Ventilating; Air Conditioning	064 Metallurgy
019 Computer Facilities; Computer Service	044 Health Systems Planning	065 Microclimatology; Tropical Engineering
020 Conservation & Resource Management		066 Military Design Standards
021 Construction Management		067 Mining & Mineralogy
022 Corrosion Control; Cathodic Protection; Electrolysis		068 Missile Facilities (<i>Silos; Fuels: Transport</i>)
023 Cost Estimating		069 Modular Systems Design; Pre-

Fabricated Structures or Components

070 Naval Architecture; Off-Shore Platforms

071 Nuclear Facilities; Nuclear Shielding

072 Office Buildings; Industrial Parks

073 Oceanographic Engineering

074 Ordnance; Munitions; Special Weapons

075 Petroleum Exploration; Refining

076 Petroleum & Fuel (*Storage & Distribution*)

077 Pipelines (*Cross-Country-Liquid & Gas*)

078 Planning (*Community, Regional, Area wide & State*)

079 Planning (*Site, Installations, & Project*)

080 Plumbing & Piping Design

081 Pneumatic Structures; Air-Support Buildings

082 Postal Facilities

083 Power Generation, Transmission, Distribution

084 Prisons & Correctional Facilities

085 Product, Machine & Equipment Design

086 Radar; Sonar; Radio & Radar Telescopes

087 Railroad; Rapid Transit

088 Recreation Facilities (*Parks, Marinas, Etc.*)

089 Rehabilitation (*Buildings; Structures; Facilities*)

090 Resource Recovery, Recycling

091 Radio Frequency Systems & Shieldings

092 Rivers; Canals; Waterways; Flood Control

093 Safety Engineering; Accident Studies; OSHA Studies

094 Security Systems; Intruder & Smoke Detection

095 Seismic Designs & Studies

096 Sewage Collection, Treatment & Disposal

097 Soils & Geologic Studies; Foundations

098 Solar Energy Utilization

099 Solid Wastes; Incineration; Land Fill

100 Special Environments; Clean Rooms, Etc.

101 Structural Design; Special Structures

102 Surveying; Platting; Mapping; Flood Plain Studies

103 Swimming Pools

104 Storm Water Handling & Facilities

105 Telephone Systems (*Rural; Mobile; Intercom, Etc.*)

106 Testing & Inspection Services

107 Traffic & Transportation Engineering

108 Towers (*Self-Supporting & Guyed Systems*)

109 Tunnels & Subways

110 Urban Renewals; Community Development

111 Utilities (*Gas & Steam*)

112 Value Analysis; Life-Cycle Costing

113 Warehouses & Depots

114 Water Resources; Hydrology; Ground

Water

115 Water Supply, Treatment & Distribution

116 Wind Tunnels; Research/Testing Facilities Design

117 Zoning; Land Use Studies

Revised (no vendor #; fax; email, etc.)
(see changes to Manual)

Division One

M 5 5 1 Architect-Engineer Related Services for Specific Project Questionnaire Bureau of Building, Grounds	Project Name/Location for which Firm is Filing:	2a.	2b. Project Identification Number, if any:
3. Firm (or Joint Venture) Name & Address:			
4. Personnel by Discipline: (List each person only once, by primary 'Unction)			
Administrative Architects Registered Chemical Engineers Civil Engineers Construction Inspectors Draftsmen Ecologist Economists			
5. If submittal is by JOINT-VENTURE list participating firms and outline specific areas of responsibility (including administrative, technical and financial) for each firm: (Attach M54 for each)			
Firm		Firm	

5a. Has this JOINT-VENTURE previously worked together? ()Yes ()No

6. List outside key Consultants/Associates anticipated for this Project. *(Attach M54 for Consultants/Associates)*

Name & Address	Specialty	Is this an Additional Fee? How much?
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$
6)		\$
7)		\$
8)		\$

9)	
10)	
7. Brief resume of key persons, specialists, and individual consultants anticipated for this Project to include key principal, design professional, person responsible for contract drawings, contract specifications, bidding and construction contract preparation and inspections. <i>(Use additional copies as required)</i>	
a. Name & Title:	a. Name & Title:
b. Project Assignment:	b. Project Assignment:
c. Name of Firm with which associated:	c. Name of Firm with which associated:
d. Years experience: With this Firm With other Firms	d. Years experience: With this Firm With other Firms
e. Education: Degree(s)/Year/Specialization	e. Education: Degree(s)/Year/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline

g. Other Experience and Qualifications relevant to the proposed Project:	g. Other Experience and Qualifications relevant to the proposed Project:
--	--

8. Work by Firm or JOINT-VENTURE members, which best illustrates current qualifications relevant to the Project <i>(list no more</i>					
a. Project Name & Location	b. Scope Statement & Design Team	c. Project Owner's Name, Address, Phone no. & Contact	d. Completion Date(actual or estimated)	Entire Project	Work for which Firm was/is responsible
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$

			mm/dd/yyyy	\$	\$
--	--	--	------------	----	----

			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$

9. All public works by Finn or JOINT-VENTURE members performed in Mississippi over the last 5 years. *Note work currently being*

a. Project Name & Location	b. Number of Calendar Days from Issue of Professional Contract to Construction Contract Award	c. Agency (Responsible Office) Name & Address	d. Percent Completed	Entire Project	Work for which Finn was/is responsible
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

6	6	6	6	6	6
6	6	6	6	6	6

--	--	--	--	--	--

10. Use this space to provide any additional information or description of resources (including any computer design capabilities) supporting your Firm's qualifications for the proposed project. For any project listed in Blocks 8 or 9, list consultants who required additional fees and services performed.

11. Please provide the following information below. *(Using Block 10, if necessary)*

- a. Errors and omissions insurance coverage limits.
- b. Do you see a need for special consultants on this Project? If so, who do you recommend and what will be the scope of the service?
- c. How many other jobs per design professional are currently under contract by your Fiiiii?
- d. Have you ever been offered a state job and declined to enter into a contract?

12. Provide a written proposal for this Project detailing objectives, outcomes, complete scope of work and deadlines. Such proposal may, at the discretion of the Department of Finance and Administration, become part of the professional contract. *(Can be included as appendix if required.)*

13. Include a firm brochure.

14. I hereby certify that the foregoing is a true and correct statement of facts.

Signature

Name & Title

Date: mm/dd/yyyy

PROFESSIONAL EVALUATION
Planning Phase

Project #	Average of 3
Project Title:	
Institution/Agency/Department:	
Professional:	
Address:	

CHECK THE APPROPRIATE BOX: N/A - Not Applicable; 1 - Below Standard; 2 - Standard; 3 - Above Standard

N/A	1	2	3	Standards	Comments
				1. Facilitates Program	
				2. Evaluation of existing site and building	
				3. Project satisfies regulatory	
				4. Design is appropriate and meets program	
				5. Completeness and accuracy of Schematic and Design	
				6. Completeness and accuracy of Contract	
				7. Designer's management of	
				8. Timely adherence to	
				9. Accuracy of Construction Cost	
				10. Working relationship with	
				11. Other:	

Total Score: _____

Using Agency Bureau Staff Bureau Director

Evaluator's Name: _____	
Evaluator's Signature: _____	Date: _____

Remarks:

PROFESSIONAL EVALUATION
Construction Phase

Project #	Average of 3
Project Title:	
Institution/Agency/Department:	
Professional:	
Address:	

CHECK THE APPROPRIATE BOX: N/A - Not Applicable; 1 - Below Standard; 2 - Standard; 3 - Above Standard

N/A	1	2	3	Standards	Comments
				1. Project Administration, Leadership and making	
				2. Observes construction at critical times and regularly	
				3. Designer's Management of Consultant's performance	
				4. Completeness and accuracy of Contract Documents, Change	
				5. Completeness, timeliness and accuracy of administrative	
				6. Working relationship	
				7. Working relationship with State Agencies and regulatory	
				8. Management of Substantial Completion phase	
				9. Final Inspection and Construction Closeout	
				10. Designer Project	
				11. Other:	

Total Score: _____

() Using Agency () Bureau Staff () Bureau Director

Evaluator's Name: _____	
Evaluator's Signature: _____	Date: _____

Remarks:

Pages
19 — 20
Left
Blank
Intentionally

STANDARD REIMBURSEMENT FORM

Please refer to Appendix Section 600 Professional's Application for Payment form.

This Standard Reimbursement Form in this Appendix Section 400.7 was discontinued some time ago and removed from the web on 7/8/02.

REQUEST FOR GRANT FUNDS

1. Grant #	2.
3. Project Title:	
4. Institution/Agency:	
5. Total Grant Amount: \$	
6. Type of Payment Requested: () Partial	7. Partial Payment Request Number:
8. Payee Name: Address: City/State/Z	Telephone Number:

9. COMPUTATION OF AMOUNT OF PAYMENT REQUESTED

	(A)	(B)	(C)	(D)
a. Total Cost to Date	\$	\$	\$	\$
b. Gr	\$	\$	\$	\$
c. G	\$	\$	\$	\$
d. Previous Grant	\$	\$	\$	\$
e. Grant Share Now	\$	\$	\$	\$

10. CERTIFICATION

I certify that to the best of my knowledge and belief the data above is correct' certify that to the best of my knowledge and belief till with the grant conditions or other agreements and that payment is due and has not be previously requested.

Authorized Certifying Official) (Date)

DO NOT WRITE BELOW THIS LINE

11. AUTHORIZATION FOR PAYMENT

I hereby' hereby certify that the above claim is just, due, correct, and unpaid, thatl hereby certify that the above claim is just, due delivereddelivered or performed in good order, and that adelivered or performed in good

order, and that all statutory delivered complied with and, I now request issuance of auditor's disbursement warrant in payment thereof.

Building Staff Signature)

(Date)

PROFESSIONAL CONTRACT REVIEW FORM

(Code 31-11-3.7)

OWNER:

(Name of
Institution/Agency/Department)

(Address/City/State/Zip Code)

(Telephone Number/Fax Number)

(Contact Person/Title)

PROFESSIONAL:

(Name)

(Address/City/State/Zip Code)

(Telephone Number/Fax Number)

(Contact Person/Title)

PROJECT:

(Project Title)

(Address and/or Location)

TYPE SERVICE:

Architect Engineer Other Furniture & Equipment

CONTRACT

AIA BOB Other

FORM: FEE

Lump Sum _____)

Percentage of Construction (Percentage: %)

BASIS:

Hourly (Amount: \$)

Note:
Select only
one from
each
category

ADDITIONAL SERVICES:

Fee: \$

Type:

Fee: \$

ESTIMATED PROJECT BUDGET:

Estimated Construction _____

Estimated Fee _____

Estimated Furniture & Equipment _____

Estimated Other _____

Estimated Contingency _____

COMMENTS:

Bureau of Building, Grounds and Real Property Management

Approved without change	Approved By: _____	Date _____
Approved with conditions noted	Approved By: _____	Date _____
Resubmit	Disapproved By: _____	Date _____

Preplanning Procedures

Append

Planning Procedures

Tj J

l - c) 0

(MTh

Division One

June 2011

CONTENTS

APPENDIX 600: PLANNING PROCEDURES

Section	Description	Page
	Professional Application for Payment Form for all Submissions.....	1
600.16	Project Budget Estimate Worksheet	2
600.47	Bid Tabulation Form for Certification.....	3

Contents



"V" if this is a duplicate request for payment

To (Owner): Bureau of Building, Grounds and Real Property Management 501 North West Street, Suite 1401B Woolfolk Building Jackson, Mississippi 39201	GS #: Title: e: I/A	Application No.:																																																																																					
From (Professional):	Architect's Project No.: Contractor's Name: Contract Amount	Date:																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="6">DESIGN PHASE:</td> </tr> <tr> <td>CxA</td> <td>CxB</td> <td>CxC</td> <td>CxD</td> <td>CxE</td> <td>CxF</td> </tr> <tr> <td>Fee Schedule:</td> <td>A A+</td> <td>B B+</td> <td>C C+</td> <td>D D+</td> <td>E E+ RoofSpecial</td> </tr> <tr> <td colspan="3">(Multiplied by %)</td> <td colspan="3">X</td> </tr> <tr> <td colspan="3">TOTAL AMOUNT DUE</td> <td colspan="3">\$</td> </tr> <tr> <td colspan="3">(Less Previous Payments)</td> <td colspan="3">()</td> </tr> <tr> <td colspan="3">(Less Payments in Process)</td> <td colspan="3">()</td> </tr> <tr> <td colspan="3">(Less Credits)</td> <td colspan="3">()</td> </tr> <tr> <td colspan="3">CURRENT PAYMENT DUE</td> <td colspan="3">\$</td> </tr> </table>		DESIGN PHASE:						CxA	CxB	CxC	CxD	CxE	CxF	Fee Schedule:	A A+	B B+	C C+	D D+	E E+ RoofSpecial	(Multiplied by %)			X			TOTAL AMOUNT DUE			\$			(Less Previous Payments)			()			(Less Payments in Process)			()			(Less Credits)			()			CURRENT PAYMENT DUE			\$			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONSTRUCTION PHASE:</td> <td></td> </tr> <tr> <td>TOTAL FEE</td> <td></td> <td>)</td> </tr> <tr> <td>(Less Previous Payments - Planning)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUB-TOTAL DUE FOR CONSTRUCTION</td> <td></td> </tr> <tr> <td>Plus fees awarded for Change Orders</td> <td></td> <td>)</td> </tr> <tr> <td colspan="2">TOTAL DUE DURING CONSTRUCTION Multiplied by</td> <td></td> </tr> <tr> <td>ADDITIONAL SERVICES:</td> <td>(% complete)</td> <td>\$</td> </tr> <tr> <td>Program</td> <td>()</td> <td>\$</td> </tr> <tr> <td>Phase</td> <td>()</td> <td>\$</td> </tr> <tr> <td>Special Study</td> <td></td> <td></td> </tr> </table>		CONSTRUCTION PHASE:			TOTAL FEE)	(Less Previous Payments - Planning)			SUB-TOTAL DUE FOR CONSTRUCTION			Plus fees awarded for Change Orders)	TOTAL DUE DURING CONSTRUCTION Multiplied by			ADDITIONAL SERVICES:	(% complete)	\$	Program	()	\$	Phase	()	\$	Special Study		
DESIGN PHASE:																																																																																							
CxA	CxB	CxC	CxD	CxE	CxF																																																																																		
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Program	()	\$																																																																																					
Phase	()	\$																																																																																					
Special Study																																																																																							
REIMBURSEMENTS: (Attach Consultant's invoice and report) (% complete)																																																																																							
Other Survey	()	\$																																																																																					
Asbestos Testing	()	\$																																																																																					
Subsurface Investigation	()	\$																																																																																					
Other Investigation	()	\$																																																																																					
Printing	()	\$																																																																																					

I certify that the work covered by this invoice is complete, for the percentage indicated, in accordance with the contract, procedure manual, or proposal requirements; and, I now request payment. I certify that this is not a duplicate request for payment unless so marked above.

Signature: _____ Name/Title: _____
 Attention: (1) Submit a separate application and invoice for each type request (i.e.: fees, reimbursement, additional services); (2) Submit an

original and three (3) copies of this form and any backup; (3) Only complete the necessary portion for which you are requesting payment (i.e.: if you are requesting reimbursement for printing costs - complete that section only)

June 2011

PROJECT BUDGET ESTIMATES
Bureau of Building, Grounds and Real Property Management

Project # _____

Project Title: _____

Institution/Agency: _____

Project _____

Professional:

Construction _____

Site & Utilities

Fees:

Program \$ _____

Basic \$ _____

Services Sub \$ _____

Miscellaneous

Rendering

Model

Contract Document Printing

Record Document Printing \$ _____

Survey

Soil Investigation

Hazardous Material

Testing Sub Total _____

Furniture & Equipment

Communications

Contingency (%)

Total Budget Estimate

Alternates:

Alternate #1 () Adds ()

Deducts Alternate #2 ()

Adds () Deducts Alternate

#3 () Adds () Deducts

Alternate #4 () Adds ()

Deducts Alternate #5 ()

Adds () Deducts

NOTES:

Author:

Date:

CERTIFIED BID TABULATION FORM

Pageof

Project #:	Bid Date:	Time :
Project Title:		
Institution/Agency:		
Professional:		

Contractors	Base Bid	Alternates	
_____	_____	1.	()
_____	CR Expires: _____	2.	()
_____	Mechanical: _____	3.	()
_____	Plumbing: _____	4.	()
_____	Electrical: _____	5.	()
Certificate of _____			1
5% Bid Security: _____			()
Addenda Received: (#) (# (#) (#) (#)			
Days: _____			
_____	\$ _____	1.	()
_____	CR Expires: _____	2.	()
_____	Mechanical: _____	3.	()
_____	Plumbing: _____	4.	()
_____	Electrical: _____	5.	()
Certificate of _____			+
5% Bid Security: _____			()
Addenda Received: (#) (# (#) (#) (#)			
Days: _____			
_____	\$ _____	1.	()
_____	CR Expires: _____	2.	()
_____	Mechanical: _____	3.	()
_____	Plumbing: _____	4.	()
_____	Electrical: _____	5.	()
Certificate of _____			±
5% Bid Security: _____			()
Addenda Received: (#) (# (#) (#) (#)			
Days: _____			
_____	\$ _____	1.	()
_____	CR Expires: _____	2.	()
_____	Mechanical: _____	3.	()
_____	Plumbing: _____	4.	()
_____	Electrical: _____	5.	()
Certificate of _____			±
5% Bid Security: _____			()
Addenda Received: (#) (# (#) (#) (#)			
Days: _____			
_____	\$ _____	1.	()
_____	CR Expires: _____	2.	()
_____	Mechanical: _____	3.	()
_____	Plumbing: _____	4.	()
_____	Electrical: _____	5.	()
Certificate of _____			±
5% Bid Security: _____			()
Addenda Received: (#) (# (#) (#) (#)			
Days: _____			
_____	\$ _____	1.	()

I certify that this a correct tabulation of all bids received for this Project on the date stated above. (having checked the Contractor's name and certificate number with the Contractor's Board at www.msdoc.state.ms.us).

Division One

(Authorized Signature)

(Date)

Construction Procedures

A

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APPENDIX 700: CONSTRUCTION PROCEDURES

Section	Description	Page
700.2	Preconstruction Conference Agenda Worksheet	1
700.20	Change Order Form	2
700.24	Payment of Materials Stored Off-Site Lease Agreement Form	4

Preconstruction Conference Agenda

Project #		
Project Title:		
Using Agency:		
CONTACTS		
Professional		Phones:
Superintendent		Phones:
Using Agency		Phones:
Bureau of Building		Phones:

A..... P

PROCEDURES..... References

- () Minutes/Summary of this meeting to Bureau (*Attendance Sheet*: [01200])
- () () Start Date (*Earliest per U/A* _____ ; *NTP Received (Y) (N)*; #days: _____ *Completion*:
- () () Contract Amount — Base Bid Amount - __, Add Alternate #1 Taken for \$, Add Alternate #2 Taken
- () for _____, Add Alternate #3 Taken for \$ _____, Add Alternate #4 Taken for \$ _____
- () for a Total Contract - _____
- () Liquidated Damages (_____ *per day*) [SC 9.11.1]
- () Prior notices to Professional (*Pour concrete; changes; etc.*) _____
- () Testing Lab (*Need prior notice*) [01410]
- () Change Orders (*No work prior*)(*Max 20% Markup GC & SC*)(*Prof. estimate required*) [GC 7.2]

Owner/User Relations (*Chain of command; Contract with Bureau*) [SC 1.01 & 2.1]

Unusual Conditions (*Notify Professional then Bureau*) [GC 4.3.6]

Allowance Procedures (*Proposals; Documentation*)(*Division ONE*) [GC 3.8 & 01020]

Progress Meetings: (_____ J (*Notices must be sent 7days prior*) [01200]

Substitutions: (*Professional to confer with User*) (*Contractor has 30 Days if any substitutions are to be used*) [01630]

Assignments: (*Subject to approval*) [GC 5.4 & 13.2]

A.....

B..... W

WORK SITE..... References

- () Use of Premises (*Access, Keys, Storage, Parking, Limits, Clothes, Alcohol, Fire Arms, Language, Smoking*)[01010]
- () Temporary Facilities (*Job Sign Only, Utilities, Shed - Phone #:* [01500])
- () Critical Work Sequence (*Owner to Occupy:* [01010])
- () Cleaning (*Daily/Final/Disposal*) [GC 3.15 & 6.3]
- () Security (*Vandalism & Safety-No contact w/staff, faculty & students*).....[GC 10]
- () Using Agency Requirements: _____

Refer() Other:

ences DOCUMENTATION

- () Progress Schedule (Submitted: _____ 0) Critical Path, Update Monthly. Plan if late, will notify BC when CT is expended [GC 3.10.1 & 01310]
- () Sub-contractor List (Submitted: _____ 0) With in 30 days [GC 5.2.1]
- () Utilities Agreement (Submitted: 0) Rate/month: _____) [01500]
- () Pay Requests* (AIA Form G702/Schedule of Values"/Time Letter, Affidavit, Stored Material Letter-Original & 4) [01370]
- () Payroll Records, if applicable (Davis-Bacon Act-2 copies/3 years) [00820]
- () Documents at Site (Drawings, Specs & Shop Drawings, Approved Submittals)..... [GC 3.11 & 01720]
- () Final Inspection (10 day notice; Pre-final by Professional)(All Owner Training Must Be Completed) [00700]
- () Close-Out Documents (AIA Forms: G702, G706, G706A, G707; Power of Attorney; Guarantee of Work-4 sets of each) [01700]
- () Record Documents (As-Builts, Guarantees, Etc.-2 sets of each) [01720]
- () Product List (Complete list of all products in 30 days)..... [01630]
- () Professional's Inspection Log and Monthly Report (Required for Payment)..... [A/E 2.9.5]
- () Minority Participation Form (To be submitted with in 30 days after N. T. P.) [A/E 2.9.5]
- () Other:

O Required prior to approval of first pay request. •Line Items < \$20,000.00.

June
2011

BUREAU OF BUILDING, GROUNDS AND REAL PROPERTY MANAGEMENT

CHANGE ORDER NO.

Project Number: _____ Contract Date: _____
Project Title: _____
Institution/Agency/Department: _____
Location: _____

Original Contract Sum
Net Change by Previous Change Orders.....
Contract Sum Prior to this Change Order
Contract Sum Increase/Decrease/Unchanged
by this Change Order _____
New Contract Sum including this Change Order

Original Notice to Proceed Start Date _____
Original Contract Time _____ Calendar Days
Net Change by Previous Change Orders _____ Calendar Days
Contract Time Prior to this Change Order _____ Calendar Days
Contract Time Increase/Decrease/Unchanged
by this Change _____ Calendar Days
Order _____ Calendar Days

(ALL SIGNATURES MUST BE ORIGINAL)

Professional: _____
By: _____

Contractor: _____
By: _____

Owner: Bureau of Building, Grounds and Real Property Management

By: _____, Director Date: _____

(A copy of the Change Order will be given to the Institution/Agency.)

BUREAU OF BUILDING, GROUNDS AND REAL PROPERTY MANAGEMENT

CHANGE ORDER NO. _____
PROJECT NO. _____

All of the provisions of the Original Contract not specifically changed by this Change Order remain the same. The Contractor is directed to make the following changes in this Contract:

The justification for this Change Order is as follows:

AS REQUESTED
BY: V

V

	the Using		
	Agency	the BOB	

the Contractor

the Professional

LEASE AGREEMENT
For Materials Stored Off-Site

Project # _____
Project Title: _____
Institution/Agency/Department: _____

This Lease Agreement for materials stored off-site is made between the following

entities: LESSOR (*Name & Address*):

LESSEE (*Name & Address*):

1. The Lessor does hereby lease unto the Lessee the following storage space (*physical local*):

2. The Lessor does hereby lease unto the Lessee the above described space for the _____ period of to _____

3. The Lessor does hereby lease unto the Lessee the above described space for the amount of _____

4. The Lessee will at his expense obtain all perils insurance for the full value of the materials stored on/in the above described property.

5. The Lessee shall provide to the Bureau of Building, Grounds and Real Property Management, [501 North West Street, Suite 1401B, Woolfolk Building, Jackson, MS 39201] proper documentation of the materials stored in the above described space which shall include and not be limited to the *Consent of Surety, Bill of Sale* from the Manufacturer to the Lessee, a complete listing of the inventory stored in/on the above described property.

Witnessed by our hand:

Lessor: _____ Date: _____
Lessee: _____ Date: _____

Furniture & Equipment

Apj

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Division One

June 2011

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APPENDIX 800: FURNITURE AND EQUIPMENT

Section	Description	Page
800.7	Preliminary List of Furniture and Equipment (Blank Pages — not Furniture and Equipment Standard Documents	1
800.15	Advertisement for Bids.....	3
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	Proposal Form.....	9
800.37	Furniture and Equipment Contract Form	10
800.39	Pay Request Form.....	11

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DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF BUILDING, GROUNDS AND
REAL PROPERTY MANAGEMENT
JACKSON, MISSISSIPPI
ADVERTISEMENT FOR BIDS

Sealed bids will be received at the Bureau of Building, Grounds
and Real Property Management, 501 North West Street, Suite
1401B, Jackson, Mississippi, 39201 until 2:00:00 p. m. on _
for:

RE:

at which time they will be publicly opened and read. Contract
Documents may be obtained from:

Professional
: Address:

Phone:

A deposit of \$0.00 is required. Bid preparation will be in accordance with Instructions
to Bidders bound in the Project Manual. The Bureau of Building, Grounds and
Real Property Management reserves the right to waive irregularities and to
reject any or all bids. NOTE: Telephones and desks will not be available for
bidders' use at the bid site.

Director

Dates of Publication:

F&E

Division One

INSTRUCTIONS TO BIDDERS

PART 1 - GENERAL

1.01 DEFINITIONS:

- A. Bureau or Owner: Bureau of Building, Grounds and Real Property Management.
- B. Vendor, Contractor or Bidder: Furniture & Equipment Provider submitting a Bid Proposal.
- C. Professional: Finn hired to specify and manage furniture & equipment purchases for the Bureau.
- D. Project Manual: This entire Document, Specification, Addenda, Drawings and any attachments.

1.02SCOPE: To furnish, deliver and install furniture and equipment according to the detailed Specifications of this Project.

1.03QUESTIONS: Questions should be directed to the Professional. If there is no Professional, questions should be directed

to the Bureau Staff in charge of the Project. Should a Bidder find discrepancies in, or omissions from, this Project Manual, or be in doubt as to their meaning, the Bidder should immediately notify the Professional or Bureau Staff who will send written instruction(s) or interpretation(s) to all known holders of the documents. Neither the Bureau Staff, nor the Professional, will be responsible for any oral instruction or interpretation.

1.04BIDDER'S QUALIFICATIONS: No *Certificate of Responsibility* is required for this Project.

1.05NON-RESIDENT BIDDER: There is no resident preference law regarding this Project.

1.06DISQUALIFICATION OF BIDDER: A Bidder may be disqualified for any of the following reasons:

- A. Bidder being in arrears on existing Contracts.
- B. Bidder being in litigation with the Owner, or the Using Agency.
- C. Bidder having defaulted on a previous Contract.
- D. Bidder fails to provide brochure(s) and specifications on substitutions.

1.07CONDITIONS OF WORK: Each Bidder must fully inform himself of all conditions relating to the construction of the

Project and employment of labor thereon. Failure to do so will not relieve a successful Bidder of obligations to furnish all material and labor necessary to carry out the provisions of the Contract. Insofar as possible, the Bidder must employ methods, or means, which will not cause interruption of or interference with, the work of any other Bidder, or Contractor.

1.08EXAMINATION OF SITE: All Bidders shall visit the building site, compare the Project Manual and Drawings, if any,

with any work in place and be informed of all conditions. Failure to visit the site will in no way relieve the successful Bidder from furnishing any materials or performing any work required to complete work in accordance with the Project Manual and Drawings without additional cost to the Owner.

1.09 LAWS AND REGULATIONS: The Bidder's attention is directed to the fact that all applicable Mississippi state laws, rules and regulations of all authorities having jurisdiction over construction of the Project apply to the Contract.

1.10 OBLIGATION OF BIDDER: At the bid opening, each Bidder will be presumed to have inspected the site, read and been thoroughly familiar with the Project Manual, including all Addendum.

1.11 BID DOCUMENT DEPOSIT AND RETURN: The deposit amount is indicated in the *Advertisement for Bids*.

1.12 METHOD OF BIDDING: Lump sum, single bids received on each item or bid group will include all work specified in

F&E

the Project Manual.

1.13 INCREASE OR DECREASE BY OWNER: The Owner reserves the right to either increase or decrease any particular item provided such increase or decrease does not alter the total amount of the Contract more than twenty percent (20%) of the original amount and does not affect the status of the low Bidder.

1.14 PROPOSAL FORMS: The Bidder shall make all proposals on forms provided and shall fill all applicable blank spaces without interlineation or alteration and must not contain recapitulation of the work to be accomplished. No oral or telegraphic proposals will be considered.

1.15 TIME OF COMPLETION: When specified, the Bidder shall agree to commence work on, or before, the date specified and fully complete the Project within the calendar days indicated on the Proposal Form.

1.16 DELIVERY: All furniture and equipment items shall be clearly marked identifying the item, packaged (including operation and maintenance manuals) and delivered to the following address:

(Type Address Information)

The successful Bidder is responsible for delivery, assembly and installation of all items named in the Contract. The Vendor is responsible for coordinating all work and contact the Using Agency one week prior to delivery.

1.17 CLEANING: Maintain premises free from accumulation of waste, debris and rubbish caused by installation operations. At completion of work, remove waste materials, rubbish, equipment and surplus materials to an off-site waste area. Clean all surfaces stained or soiled as a result of furniture and equipment installation. Leave building clean and ready for occupancy.

1.18 BASE SPECIFICATIONS: Trade names and Manufacturer stock numbers are used to set a definite standard. In no case are trade names or stock numbers used with the intention to discriminate against an equal product made by another Manufacturer. Consideration will be given to all equal and similar items.

1.19 ALTERNATES: Any alternates are contained in the Specifications section of the Project Manual.

1.20 SUBSTITUTIONS:

- A. Manufacturer's Name: Bidders will note the name of the product's manufacturer listed in the Specification section. When an item is specified by Brand or Manufacturer, it will be assumed Bidders are bidding on the base bid item as specified unless a different Brand or Manufacturer is noted.

- B. Submittals: When bidding an item other than the specified base bid item, the Bidder will submit with the bid a complete pictorial brochure and specification data for each substituted item. It is the Bidder's responsibility to point out specific deviations from the specified base bid item. This data must accompany the Bidder's submittal. *Failure to comply with this procedure may be grounds to disqualify a bid..*

F&E

1.21 ADDENDA: Any addendum to the Project Manual issued before or during the time of bidding shall be incorporated into

the Proposal and become a part of the Contract. The *Proposal Form* will have ample space to indicate the receipt of Addendum. When completing the *Form*, the Bidder shall list in the space provided the Addendum number and the date it was received.

1.22 BIDDER IDENTIFICATION:

- A. Signature: The *Proposal Form* shall be signed by any individual authorized to enter into a binding agreement for the Business making the Bid Proposal.
- B. Name of Business: The name appearing on the *Form* should be the company's legal name.
- C. Legal Address: The address appearing on the *Form* should be the company's legal address.

1.23 BID BONDS: Performance Bond and Bid Security are not required for this Project. However, bids are to be firm for

forty-five (45) days after the scheduled time of opening.

1.24 POWER OF ATTORNEY: A Power of Attorney is not required for this Project.

1.25 GUARANTEE: Each Bidder will guarantee the entire installation represented in the Bid Proposal against defect in

materials or workmanship for one (1) year. The successful Bidder further guarantees to replace, without cost to the Owner, any and all defective items clearly the fault of the Manufacturer and not caused by installation or misuse.

PART 2 - PROPOSAL FORM

2.01 FORMAT OF SUBMITTAL: Bidders will complete the Bid Proposal as directed. Any shipping or installation costs

should be calculated and included in the total bid price and not listed as separate items. In addition, the State of Mississippi is not subject to excise or sales tax; therefore, do not include either in the total bid prices.

2.02 BID GROUPS OR ITEMS: Furniture & equipment may be grouped for bidding in several ways - a bidder is not

required to bid on all groups or items listed on the form of proposal.

- A. Matching Bid Group: All items in a Matching Group will be manufactured by the same company to insure *exact* match; and, the Matching Group will be awarded to one (1) Bidder submitting the lowest and best base bid. Bidders must bid on everything within the Matching Group, or the bid will be considered nonresponsive.
- B. Combination Bid Group: Items in an Individual Bid Group will be manufactured by different companies; and, may be awarded to any Bidder submitting the lowest and best bid. Bidders must bid on everything within the individual bid group, or the bid will be considered nonresponsive.
- C. Individual Item: Any item specified separately may be awarded to any Bidder submitting the lowest and best bid. Bidders are not required to bid on all individual items.

2.03SUBMITTAL: A bid must be delivered to the address indicated on the *Advertisement for Bids* prior to the time and date stated. Bids shall be submitted in duplicate and sealed in an opaque envelope marked, mailed or hand-delivered as follows:

<p>(In upper left hand corner) Name of Firm</p> <p>(Bid shall be addressed and delivered to) Department of Finance & Administration Bureau of Building, Grounds and Real Property Management 501 North West Street, Suite 1401B [Woolfolk Building] Jackson Mississippi 39201</p> <p>(In lower left hand corner) Bid for Project # Title Using Agency _____ _____ _____</p>

If the Bid is mailed via Federal Express, or a similar service, the envelope containing the bid shall be placed inside a second envelope to prevent inadvertent premature opening of the Bid Proposal.

2.04MODIFICATION TO BID: A Bidder may modify the bid prior to the scheduled closing time indicated in the *Advertisement for Bids* in the following manner:

- A. Notification on Envelope: Modifications may be written on the outside of the sealed bid envelope.
- B. Facsimile: A facsimile (fax) will not be accepted.

2.05WITHDRAWAL OF BID: Any bid may be withdrawn prior to the scheduled time for opening of bids. However, after a bid has been opened and read, it may not be withdrawn until forty-five (45) days after the bid opening.

PART 3 - BID OPENING AND AWARD OF CONTRACT

3.01OPENING OF BIDS: Bids will be publicly opened shortly after the time stated in the *Advertisement for Bids*. Bidder representatives are invited; however, attendance is not mandatory.

3.02IRREGULARITIES: The omission of any information requested on the *Proposal Form* may be considered as an informality, or irregularity, by the awarding public body when in its opinion the omitted

information does not alter the amounts contained in the Bid Proposal, or place other Bidders at a disadvantage.

3.03PROTEST: Any protest must be delivered in writing to the Owner within twenty-four (24) hours after the bid opening.

F&E

3.04ERRORS: Any claim of error and request for release from a bid must be delivered in writing to the Owner within

twenty-four (24) hours after the bid opening. The Bidder shall provide sufficient documentation with the written request clearly proving an error was made.

3.05REJECTION OF BIDS: The Owner reserves the right to reject any and/or all bids.

3.06AWARD OF CONTRACT: A Contract will be awarded to the lowest base bid meeting Specifications and is in the best

interest of the Using Agency. Delivery date and cost are also considerations in the choice of Contract award. A sample copy of the F & E Contract Form is attached to the end of this project manual.

3.07FAILURE TO ENTER INTO A CONTRACT: There is no penalty for failure to enter into a Contract for this Project

3.08SECURITY FOR FAITHFUL PERFORMANCE: No *Security for Faithful Performance* is required for this Project.

3.09 TERMINATION OF CONTRACT: The Owner may terminate any Contract if the furniture and equipment items are

not delivered to the site prior to 12:00 midnight of the agreed upon date. If termination is necessary under this clause, the Owner has no financial obligation to the Bidder for any costs incurred.

3.10PAYMENT TO VENDOR: When submitting a request for payment to the Bureau, the Vendor must mail a completed

Pay Request Form accompanied by an original. Bureau Staff will verify delivery, obtain the Using Agency's approval and process the *Request*. No payments will be made to a Vendor unless a signed Contract acknowledging acceptance has been received by the Owner.

3.11PAY REQUEST FORM: A sample of the Pay Request Form is attached to the end of this project manual.

PROPOSAL FORM
SECTION 00300

To: Department of Finance & Administration
Bureau of Building, Grounds and Real Property
Management 501 North West Street, Suite 1401B
[Woolfolk Building] Jackson Mississippi 39201

Re: GS # _____
Project Title _____
Using Agency _____
Location: _____

I propose to deliver, assemble and complete all work in accordance with the Project Manual and Drawings within () _____ consecutive calendar days for the sum of:

Matching Bid Group:

Matching Group BI Base Bid:

Substitution: _____

ADDENDA ACKNOWLEDGEMENT:

No. _____ Date _____ No. _____ Date _____
No. _____ Date _____ No. _____ Date _____

ACCEPTANCE:

I certify that I am authorized to enter into a binding Contract, if this Proposal is

accepted. Signature _____ Date _____

Name and Title _____

Name of Business _____

Address _____

City/State/Zip Code _____

F&E

Date:	Project #:
-------	------------

Project Title:	Contract Number:
Using Agency:	Contract Amount: \$0.00

FURNITURE & EQUIPMENT CONTRACT

To:	From: Bureau of Building, Grounds and Real Property Management Woolfolk Building 501 North West Street, STE 1401B Jackson, MS 39201
-----	---

Coordinate all shipment deliveries and shipment dates with:

Ship
to:

Required shipment date: coordinate with Professional

Invoice: Bureau of Building, Grounds & Real

Property Management
Attn: F&E Contract Analyst
Woolfolk Building
501 North West Street STE 1401B

The inclusion of Vendor's quote as an attachment to this Contract is not an acceptance of Vendor's terms and conditions. Any references to Vendor's terms and conditions of sale are not applicable to this Furniture & Equipment Contract. Vendor expressly accepts all terms and conditions of the State of Mississippi.

OWNER - Bureau of Building, Grounds and Real Property Management
Date: _____

VENDOR —
Date: _____

ATTORNEY - Department of Finance & Administration -
Date: _____

INSTRUCTIONS:

The Vendor will sign all copies and return to the Bureau. The Bureau will execute all copies; keep two (2) copies and return one (1) executed contract to the Vendor; one (1) contract will be forwarded to the Using Agency; and one (1) contract to the Professional, if applicable.

VENDOR'S APPLICATION FOR PAYMENT

TO: Bureau of Building, Grounds and Real Property Management 501 North West Street, Suite 1401B Woolfolk Building		
FROM:		
RE: GS #		
Application/Invoice Date	Award	Vendor
Application for Payment is being made as follows: ORIGINAL CONTRACT SUM	No	No
		\$0.00
NET CHANGE BY ADJUSTMENTS		\$0.00
CONTRACT SUM TO	X	0.0 %
DATE (% Payable)		\$0.00)
TOTAL AMOUNT PAYABLE		

To be signed by Vendor Personnel (Accounts Receivable):

I hereby certify that the above goods have been delivered in good order to the Using Agency. I am submitting an Original Invoice requesting payment at this time.

Signature: _____ Date: _____

To be signed by Using Agency Personnel and/or Professional:

I hereby certify that the above goods purchased have been received in good order and recommend payment to the Vendor listed above.

Signature: _____ Date: _____

To be signed by Bureau of Building, Grounds and Real Property Management Personnel:

I hereby certify that the above goods have been delivered in good order. Based upon certification by Using Agency Personnel and/or Professional, I recommend issuance of Auditor's disbursement warrant in payment thereof.

Signature: _____ Date: _____

