PUBLIC WORKS CONTRACT REVIEW FORM

Check one:

- Preliminary Schematic
- Schematic Design Development
- Final

STATE AGENCY:

Department/Institution: ____________________________________________

Division/Department: ____________________________________________

Project Manager: ________________________________________________

Position/Title: _________________________________________________

Address: _______________________________________________________

Telephone: _____________________________________________________

PROFESSIONAL DESIGN FIRM:

Name of Firm: ___________________________________________________

Address: _______________________________________________________

Project Coordinator: _____________________________________________

Telephone: _____________________________________________________

Project Name: _________________________________________________

Project Location: ______________________________________________

Briefly describe Scope of Work to be performed: ______________________

Construction Square Footage: New _______ Renovation _______

Total Project Budget: $ _________________________________________

Source of Funding: Minor Cap _______ Major Cap _______ Other ______

Anticipated Dates for:

1. Advertising: _________________________________________________
2. Pre-Bid Meeting: ____________________________________________
3. Bid Opening: _______________________________________________