

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: _____