|  |  |
| --- | --- |
| **Date:** | Enter Date. |
| **To:** | Matthew Pafford, Supervising Environmental Analyst, DAS/CS |  |
| **Telephone:** | (860) 756-6322 | **Email:** | matthew.pafford@ct.gov |
|  |
| **From:** | Enter Name. | **Agency:** | Enter Agency. |
| **Telephone:**  | Enter Telephone. | **Email:** | Enter Email. |
|  |  |  |  |  |
| * **Please complete this form in its entirety. If response is not applicable (N/A), or unknown (UNK), mark accordingly.**
 |
|  |  |  |  |  |
| **Building Name:** | Enter Building Name. | **DAS Building No:** | Enter DAS Bldg No. |
| **Building Address:** | Enter Building Address. | **Room No:** | Enter Room No. |
|  |  |  |  |  |
| **Provide Brief Project Description/HazMat SOW (Below – 300 words or less):** |
| Enter Project Description. |
| **Services Requested (Check all that apply):**

|  |  |
| --- | --- |
|  |[ ]  Environmental Consultant Services |
|  |[ ]  Abatement Contractor Services |

 |
| * **For all services requested, please include a work plan, cost estimate, & schedule, as applicable, in accordance with the provisions of State Contract 19PSX0120, 20PSX0154, and the Instructions for Participation in the Statewide Hazardous Abatement Program.**
 |
|  |  |  |  |  |
| **Project Cost** |  | **Funding Source** |  |  |
| **Consultant Work:** | $ | Enter $ Value. |[ ]  DAS Hazardous Abatement Program Funds |
| **Abatement Work:** | $ | Enter $ Value. |[ ]  Project Funds |
| **Total:** | $ | **Enter $ Value.** |   |
| **If funded under a Capital Project, please provide DAS Project No.:** | [DAS Project No.] |  |  |
|  |  |  |  |  |
| **Terms of Acceptance & Signature** |
| I have reviewed the above information provided by the agency requesting Hazardous Material Assistance, and except where designated as Unknown (UNK) or Not Applicable (N/A), the information is accurate and complete. |  |  |  |
|  |  |  |  |  |
| **Electronic Signature:** | Enter First & Last Name. |  |
|  |  |  |

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| **DAS USE ONLY** |

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| **DAS Project No. (If applicable):** | [DAS Project No.] |
| **HazMat Project No.:** | [HazMat Project No.] |

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| Request Reviewed by: |[ ]  David H Barkin FAIA, Chief Architect | Date of Review: | Enter Date. |
| Request: |[ ]  **Approved for Assignment** |[ ]  **Rejected for Assignment** |

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| **Comments:** |
| Enter Comments. |

**Please refer to page 2 of this application for Consultant/Contractor Assignment(s)**

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| **DAS USE ONLY** |

**Consultant/Contractor Assignment**

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| **Environmental Consultant Assignment (DAS Contract 19PSX0120 - if applicable)** |
| Based on the DAS Contract and information provided to DAS by the Requesting Agency, the following Consultant has been selected and deemed the most advantageous and responsive, along with their rates: |
|[ ]  **ATC/ATLAS** |[ ]  **Fuss & O’Neill, Inc.** |[ ]  **TRC** |[ ]  **Langan Engineering & Environmental Services** |

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| **Abatement Contractor Assignment (DAS Contract 20PSX0154 - if applicable)** |
| Per Exhibit A, Section 4(a) or 4(b) of the subject Contract and based on the DAS Contract and information provided to DAS by the Requesting Agency, the following Contractor was selected and deemed the most qualified for this request based on expertise, project knowledge, past performance, availability, and cost effectiveness: |
|[ ]  **BESTECH, Inc.** |[ ]  **Haz-Pros, Inc.** |[ ]  **Manafort** |  |  |
|[ ]  **NE Yankee Construction** |[ ]  **Omni Environmental** |[ ]  **Stamford Wrecking** |  |  |

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| This/These selection(s) constitute approval to proceed to a Scope Review Meeting by and between the DAS CA/PM, the Requesting Agency, and the assigned Consultant/Contractor to review and evaluate the Hazardous Material Assistance Request and the proposal submission(s) to ensure that said proposal(s) are sufficient to complete the scope of work in accordance with State Contract 19PSX0120 and/or State Contract 20PSX0154. |

**DAS CA/PM Recommendation for a Notice to Proceed**

|  |  |
| --- | --- |
|[ ]  **Recommend Notice to Proceed Approval** |[ ]  **Recommend Notice to Proceed Rejection** |

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendation Provided by: | Enter First & Last Name. | Date: | Enter Date. |
|  | Print First and Last Name |  |
| **Comments:** |
| Enter Comments. |

**Project Authorization for Use of the Funds and Notice to Proceed**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Authorization: |  | Date: |  |
|  | Authorized Signatory |  |  |

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| --- |
| This signed Authorization and the issuance of a Purchase Order shall be deemed as “Notice to Proceed” in accordance with State Contract 19PSX0120 and/or State Contract 20PSX0154. |