**TO**: Edwin S. Greenberg, Chairman

State Properties Review Board

450 Columbus Blvd., Ste. 202, Hartford, CT 06103

**FROM:** Insert Name, Title

Department of Administrative Services, Construction Services

450 Columbus Blvd., Ste. 1201 N, Hartford, CT 06103

**DATE:** Enter Date

**SUBJECT:** Request for Approval of Contract for and Selection of Consulting Insert Consultant Type.

**AGENCY:** Insert Agency Name

**PROJECT TITLE:** Insert Project Title

**PROJECT NUMBER:** Insert Project Number

**CONTRACT NO.:** Insert Contract Number

**DESCRIPTION**:

Provide a brief description of the project and project scope of work. Include the current status of the project and the services to be procured under this contract.

The above referenced project shall comply with all pertinent building, fire safety and health codes. All improvements shall meet ADA standards and comply with Insert Agency Name facility standards.

DAS negotiated the fee for services.

The statutory funding authority is Insert specific public or special act.

**Attachments:**

|  |  |
| --- | --- |
| ⌧ | All projects: **Form 1105 Capital Project Initiation Request** |
|  | No changes to Total Project Cost: **Form 1130 Project Budget** |
|  | Changes to Total Project Cost: **Form 1105 (Revised) Capital Project Initiation Request** |

* If the basis of the construction cost as defined in Section 1.10 of the attached 1105 was based on a completed study, provide the cost summary as an attachment to this memo.

**NEGOTIATED FEE:**

|  |  |  |
| --- | --- | --- |
| Negotiated Insert Consultant Type Fee: | **$** | **00.00** |

The above Insert Consultant Type fee was negotiated as follows:

|  |  |  |
| --- | --- | --- |
| **Insert Consultant Type** **Basic Fee:** | $ | **00.00** |
| * Preconstruction Services: | $ | 00.00 |
| * Construction Services | $ | 00.00 |

|  |  |  |
| --- | --- | --- |
| **Additional Services:** | **$** | **00.00** |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |
| * Line Item Summary of Services, i.e. HazMat, Contingency, etc. | $ | 00.00 |

If the negotiated fee is greater than the maximum allowable fee, or if additional information is otherwise required to explain the negotiated fee, please provide such justification/explanation here.

**FOR STATE PROPERTIES REVIEW BOARD:**

Request for approval of contract for Insert full exact legal firm name and address for design and construction administration of project Insert project number, contract number and complete project title.

Select one of the following as it pertains to the subject Consultant:

|  |  |
| --- | --- |
|  | Insert name of firm, or individual is licensed in the State of Connecticut (Insert license number) and its/his/her license is current through Enter Date. |
|  |  |
|  | No license is required for this type of professional e.g. LLCs who practice Architecture Only, Partnerships and Sole Proprietors. |

This contract has a total or not to exceed fee of **$00.00.**

Please indicate your recommendation below:

1. Approved
2. Rejected

3. Returned for Clarification

State Properties Review Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edwin S. Greenberg, Chairman Date

xc: Project Manager

OLAPP Legal Unit ([cathy.phelps@ct.gov](mailto:cathy.phelps@ct.gov))

Team File