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| --- | --- | --- | --- | --- | --- |
| **Design - Bid - Build Projects** | | | | | |
| **Date:** | Insert | | | | |
| **To:** | **Paralegal Specialist: Alison Kulas** | | | **Suite:** | 1307 |
| **From:** | **DAS/CS Project Manager:** Insert | | | **Suite:** | 1201 |
| **Project Title:** | Insert Project Title | | | | |
| **Project Location:** | Insert Project Location | | | | |
| **DAS/CS Project Number:** | Insert Project Number | | | | |
| **Bid Opening Date:** | Insert | | | | |
| **Award Contract To:** | **Insert** | | | | |
|  | *(Firm Name)* | | | | |
|  | **Insert** | | | | |
|  | *(Firm Address)* | | | | |
| **Consultant’s Total Construction Cost Estimate:**  (See 6005 Consultant Bid Data Statement) | | **$** | Insert | | |
| **Maximum Available Construction Funding:**  (See 6010 Bid Release Form) | | **$** | Insert | | |

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| **Bid Amounts:**  **(See 00 41 00 Bid Proposal Form)** | | | | | | |
| **Proposed Lump Sum Base Bid Amount:** | | | | | $ | Insert |
| **Checked Boxes Are Supplemental Bids Included In Recommended Contract Award**  (See Notes Below) |  | **Supplemental Bid No. 1:** | **$** | Insert | | |
|  | **Supplemental Bid No. 2:** | **$** | Insert | | |
|  | **Supplemental Bid No. 3:** | **$** | Insert | | |
|  | **Supplemental Bid No. 4:** | **$** | Insert | | |
| **Total Checked Supplemental Bids:** | | | | $ | Insert |

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| --- | --- | --- |
| **Recommended Contract Award Amount:** | | |
| **Proposed Lump Sum Base Bid Amount** plus  **Total Checked Supplemental Bids:** | **$** | **Insert** |
|  | | |
| **Notes:**  The **Supplemental Bids** that are checked above and are to be awarded (1) must be in **sequential numerical order**, and (2) shall not exceed the **Maximum Available Construction Funding** amount as indicated above.  The Project Manager shall confirm that the **Supplemental Bids** are in **Sequential Order** and do not exceed the **Maximum Available Construction Funding**.  The “Lowest Responsible and Qualified Bidder” shall be Awarded the Construction Contact. The **Contract Award Amount** shall consist of the **Proposed Lump Sum Base Bid Amount** plus **Total Checked** **Supplemental Bids** and shall **not** exceed the **Maximum Available Construction Funding**. No Funds shall be added or subtracted from the **Maximum Available Construction Funding** after Bid Opening.  Significant differences between the **Consultant’s Total Construction Cost Estimate** indicated above and the **Proposed Lump Sum Base Bid Amount** are to be explained in "Remarks" section on Page 2 of this Form. | | |
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| **Remarks:** Insert |
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| **Building Permit Received:** | | |  | **Yes** | **Date Received:** | Insert | | | |
|  | | |  |  |  |  | | | |
|  | | |  | **Not Applicable (as determined by OSBI)** | | | | | |
|  | |  |  | | | | | | |
|  | |  |  | | | | | | |
| **Submitted By:** | | **DAS/CS Project Manager:** | Insert | | | | | | |
|  | |  | *(Name)* | | | | | | |
|  | |  |  | | | | | | |
|  | | **Signature:** |  | | | | **Date:** |  | |
|  | |  |  | | | | | | |
| **Reviewed By:** | | **Construction Administrator:** | Insert | | | | | | |
|  | |  | *(Firm Name/person signing)* | | | | | | |
|  | | |  | | | | | | |
|  | | **Signature:** |  | | | | **Date:** |  | |
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| **Approved By:** | | **Assistant Director Of Project Management:** | Insert | | | | | | |
|  | |  | *(Name)* | | | | | | |
|  | |  |  | | | | | | |
|  | | **Signature:** |  | | | | **Date:** | |  |
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| **NOTES TO PROJECT MANAGER:**   * Scan and copy a PDF of this form into **G:\COREGROUP\1. PROJECT MANUALS FOR BIDDING\ [Project Number].** * Email a PDF of this form to the following: | | | |
|  | DAS Deputy Commissioner: | D. Hobbs | [darren.hobbs@ct.gov](mailto:darren.hobbs@ct.gov) |
| DAS/CS Agency Legal Director: | J. Padula | [jenna.padula@ct.gov](mailto:jenna.padula@ct.gov) |
| DAS/CS Director of Project Management: | P. Simmons | peter.simmons@ct.gov |
| DAS/CS Chief Architect: | D. Barkin | [david.barkin@ct.gov](mailto:david.barkin@ct.gov) |
| DAS/CS Policy & Procurement Unit: | A. Kulas | [alison.kulas@ct.gov](mailto:alison.kulas@ct.gov) |
| DAS Fiscal Administrative Supervisor: | G. Knapsack | [glenn.knapsack@ct.gov](mailto:glenn.knapsack@ct.gov) |
| DAS/CS ADPM for Project: | Insert Name | Insert Email Address |
| CHRO: | A. Bingham | [alvin.bingham@ct.gov](mailto:alvin.bingham@ct.gov) |
| Project File: | File Folder**:** Insert Project No. |  |

**END**