|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** | **Department of Administrative Services (DAS) Construction Services**  **Office of Legal Affairs, Policy, and Procurement**  **450 Columbus Blvd, Suite 1302 – North Tower**  **Hartford, CT 06103** | | | | | | | |
|  |  | | | | | | | |
| **From:** | CMR Name | | | **Construction Manager at Risk (CMR)** | | | | |
|  |  |  | |  | | | | |
| **Subject:** | **DAS/CS Project Number:** | DAS Project Number | |  | | | | |
|  |  | | |  | | | | |
|  | **DAS/CS Project Name:** | DAS Project Name | | | | | |  |
|  |  | | | |  | | | |
|  | **Reduction of Retainage for** | Subcontractor Name | | | **at** | ## | **% Project Completion** | |
|  |  | |  | | | | | |
| **Date:** | Insert Date | |  | | | | | |
|  |  | |  | | | | | |

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| In accordance with the General Conditions, Article 28 Progress Payments, | | | | | | | | | | |
|  |  | | | | | | | | | |
|  | CMR Name | | hereby requests a reduction of retainage on behalf of their | | | | | | | |
|  | | |  |  |  | |  | | | |
| subcontractor, | | Subcontractor Name | | | , from | ##.# | | **%** to | ##.# | **%**. |
|  | |  | | |  |  | |  |  |  |
| The following list of items required under the General Conditions is in compliance with the terms of the contract and has been verified by the Construction Manager at Risk (CMR): | | | | | | | | | | |

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|  |  | DAS Construction Services Contractor Performance Evaluation Score is a minimum of **Sixty (60%) Percent.** |
|  |  | Timely submission of an appropriate and complete CPM Schedule and Schedule of Values, in compliance with the Contract requirements and the prompt resolution of the Owner’s and/or A/E’s comments on the submitted material resulting in an appropriate basis for progress of the Work. |
|  |  | Timely and proper submission of all required Contract Document submissions including but not limited to Shop Drawings, material certificates, material samples and the prompt resolution of the Owner’s and/or A/E’s comments on the submitted material resulting in an appropriate progress of the Work. |
|  |  | Proper and adequate supervision and home office support of the Project. |
|  |  | The Work completed to date has been installed or finished in a manner acceptable to the Owner. |
|  |  | The progress of the Work is consistent with the approved CPM Schedule. |
|  |  | All approved credit Change Orders have been invoiced. |
|  |  | All Change Order requests for pricing are current. |
|  |  | The CMR has and is maintaining a clean worksite in accordance with the Contract Documents. |
|  |  | All Subcontractor payments are current at the time of reduction request. |
|  |  | CMR is compliant with set-aside provisions of the contract. |
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| **CMR Certification:** | | |  |  |  |  |  |  |
|  | |  | *(Written Name)* |  | *(Signature)* |  | *(Date)* |  |
|  | |  |  |  |  |  |  |  |
| **Project Manager Recommendation:** | | |  |  |  |  |  |  |
|  | |  | *(Written Name)* |  | *(Signature)* |  | *(Date)* |  |
|  | | |  |  |  |  |  |  |
| **ADPM Approval:** | | |  |  |  |  |  |  |
|  | |  | *(Written Name)* |  | *(Signature)* |  | *(Date)* |  |
|  |  | |  |  |  |  |  |  |

***END***