Memorandum

Choose an item.

**TO:** Dr. Carl Carlucci, Executive Vice Chancellor/Executive Vice President, Administration & Finance

**FROM:** Choose an item.

**THRU: Shannon Jones**, Director, Minor & Planned Projects

Sameer Kapileshwari, Interim Executive Director, Facilities Management

Office of the General Counsel, Office of Contract Administration

**DATE:**

**SUBJ:**

**OCA#:** K-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Check Adept for OCA tracking# of underlying contract. Not applicable if this is not for a change to a previously executed contract)*

1. PROJECT WORK REQUEST HISTORY AND NEED JUSTIFICATION:

 This project is currently in the XXX phase.

 The total project budget for this project is $\_\_\_ and this phase represents $\_\_\_ of the total project budget.

* Project Type:

THECB Repair & Renovation Avg. Cost Per Sq. Ft Choose Item

Market Cost Per Sq. Ft. Choose an item.

Actual Project Cost (construction) Per Sq. Ft. $\_\_\_

1. CONTRACT TYPE, PRICE, CONTRACTOR

 **Agreement Type f**or **$\_\_\_** to **Consultant/Contractor**

1. PROGRAM OF REQUIREMENTS
2. SCOPE OF WORK
3. HOW WAS THE WORK SOLICITED
4. WHY THIS CONTRACTOR IS THE BEST VALUE
5. HUB PERCENTAGE (%)
6. OTHER PROPOSALS/BIDS RECEIVED
7. FUNDING
8. VENDOR CONTACT INFORMATION:

CONTACT NAME:

CONTACT ADDRESS:

CONTACT PHONE #:

CONTACT FAX #:

CONTACT E-MAIL ADDRESS:

***Certifications***. (Required for OCA review)

|  |  |
| --- | --- |
| ***Initial*** | ***Certification*** |
| **PM**  | I have primary responsibility for the contract, from inception to completion of the transaction. |
|  |  |
| **PM**  | The contract and all documents that are incorporated by reference in the agreement, including exhibits and appendices are included for review by OCA. |
|  |  |
| **PM**  | The name of the contracting party is stated as the University of Houston System or its component Institutions (e.g., University of Houston, University of Houston - Victoria), and is not a department, program, or person. |
|  |  |
| **PM**  | If a UH standard agreement is being used, I certify that (check one):🞎 no changes have been made, including additional attachments or addenda🞎 each change to the standard agreement has been reviewed and approved by OCA, as established in the attached email correspondence. |
|  |  |
|  |  |
| **Exec. Director**  | All contract documents have been read and the business aspects have been agreed to in their entirety by the originating department and any employees who have obligations under this contract, or a memorandum has been included describing the department’s concerns with the business aspects that they do not agree with. |
|  |  |
| **Exec. Director**  | The proper procurement method has been used providing the best value to UH. |
|  |  |
| **Exec. Director**  | I have read this contract entirely. I am satisfied with its description of the goods, labor, materials and/or services to be provided to the University (including, for example, warranties, delivery terms, acceptance period, and maintenance terms). I am also satisfied with the description of the University’s obligations (including, for example, scope of work, payment due dates, late charges, taxes, charges, insurance, and confidentiality requirements) and all other provisions of this contract. I acknowledge responsibility to ensure that all good faith efforts are employed in seeing that all terms, conditions and responsibilities of the contract are met. |

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**CONTRACT ITEM PM FSC N/A**

|  |  |
| --- | --- |
| SECTION 1: PROJECT MANAGERS |  |
|  |  |
| SECTION 2:FACILITIES SERVICES COORDINATOR |  |
|  |  |

A. Targeted Schedule [ ]

* Targeted Start Date: [ ]
* Targeted Substantial Completion Date: [ ]

B. Contract Cover Memo [ ]  [ ]

* Signature Authority [ ]
* Solicitation Method [ ]
* Project Control Budget/Applicable Budget Approval [ ]
* Project Funding Agreement / CRDM Form [ ]
* JOC/CSA Approval Form [ ]  [ ]
* Scope Quality [ ]

 *Clear scope referencing solicitation proposed work plan*

* Scope Continuation Form [ ]  [ ]  [ ]
* Program of Requirements [ ]  [ ]

*\*Change order type and timing (if completed in the field, must proceed with MAPP exception in memo)*

C. Vendor Proposal (clean) [ ]  [ ]  [ ]

*Proposal referencing solicitation work plan*

*\*Vendor initials/date required if written changes*

D. Cost & Numerical Data Verified [ ]  [ ]

E. Exhibits (Owner Contractor Agreement) [ ]  [ ]  [ ]

* Exhibit A: List of Drawings, Specs, Alternates & Addenda [ ]  [ ]
* Exhibit B: Milestone Schedule [ ]  [ ]
* Exhibit C: Special Conditions for Construction (A/E Specified) [ ]  [ ]
* Exhibit D: HUB Subcontracting Plan/Certificate [ ]  [ ]
* Liquidated Damages (Include in cover memo if waived) [ ]  [ ]  [ ]

\* F. Insurance Certificate [ ]  [ ]  [ ]

\* G. Incumbency Certificate [ ]  [ ]  [ ]

\* H. Payment Bonds ($25K) [ ]  [ ]  [ ]

\* I. Performance Bonds ($100K) [ ]  [ ]  [ ]

\* J. Bond Riders

*\*Not required for Contract for Professional Services* [ ]  [ ]  [ ]

K. Contract/JOC/SO/Change Order/DCA [ ]  [ ]

* Vendor Name per [TX Comptroller Site](https://ourcpa.cpa.state.tx.us/coa/Index.html) [ ]  [ ]  [ ]
* Signature Lines [ ]
* 2 Identical copies of Contract attached and verified [ ]  [ ]
* HUB Subcontractor Form [ ]

L. Certified PPT Form [ ]

* 1074 [ ]  [ ]

M. Notice To Proceed [ ]

***\*\* NOTE: ANY changes to a contract document after signatures MUST be initialed by your counterparty.***

Legend: Red boxes indicate responsible party; Green boxes indicate quality control check