|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| moseal | | STATE OF MISSOURI  OFFICE OF ADMINISTRATION DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTIONA/E PROPOSAL CHECKLIST | | | | | | | | PROJECT NUMBER | |
| DATE PROPOSAL REVIEWED | |
| **GENERAL INFORMATION** | | | | | | | | | | | |
| PROJECT TITLE AND LOCATION | | | | | | | | | | | |
| FMDC PROJECT MANAGER | | | | | | | | | | | |
| A/E REPRESENTATIVE | | | | | | | | | | | |
| REVIEW | | | | | | | | | | | |
|  | 1. | Fees shall be charged to: | | ACCOUNT NUMBER | | | | | AMOUNT | | $ |
|  |  |  | | ACCOUNT NUMBER | | | | | AMOUNT | | $ |
|  | 2. | Amount Available for Construction | | | | | | | AMOUNT | | $ |
|  | 3. | Consultant’s address, etc. is filled out. | | | | | | | | | |
|  | 4. | Basic Services are correct, clear, and concise according to the program set forth and agreed to during the Pre-Proposal Meeting. | | | | | | | | | |
|  | 5A. | Total Fee | | | | | | | **Total Fee** | | **$** |
|  | 5B. | Other Services | Topographic Surveys | | |  | | | | | $ |
|  | | | Boring & Soil Report | | |  | | | | | $ |
|  | | | Interiors | | |  | | | | | $ |
|  | | | Programming | | |  | | | | | $ |
|  | | | Other | | |  | | |  | | $ |
|  | | | Subtotal | | |  | | | | | $ |
|  | 5C. | Basic Services Fee (C = A – B) | | | |  | | | | | $ |
|  | 5D. | Percentage = Basic Services Fee X 100 | | | | % | | | | | |
|  | AFC | | | |
|  | 6. | Contract Change rates for Additional Services and Reimbursables are itemized correctly and the amounts are reasonable. | | | | | | | | | |
|  | 7. | Additional site visits during Construction Phase are reasonable. | | | | | $     /visit | | | | |
|  | 8. | Project Completion Schedule has been revised and attached. | | | | | | | | | |
|  | 9. | Personnel assigned and their qualifications are on A/E’s letterhead and attached. | | | | | | | | | |
|  | 10. | Scope of Work has been agreed to and signed by all Parties. | | | | | | | | | |
|  | 11. | Recommend acceptance of Proposal | | | Recommend rejection of Proposal | | | | | | |
| SIGNATURE OF FMDC PROJECT MANAGER | | | | | | | | DATE | | | |
| SECTION LEADER COMMENTS | | | | | | | | | | | |
|  | | | | | | | | | | | |
| APPROVED BY | | | | | | | | DATE | | | |

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