

MONTCLAIR STATE UNIVERSITY

PROCUREMENT SERVICES CONSTRUCTION PROJECT BID INITIATION FORM

An executed original of this Form and the information/documentation requested must be submitted to the AVP of Procurement Services. Once all information/documentation is supplied, including any drawings and/or specifications, Procurement Services will work with the Department to finalize and publicly advertise the RFP.

1. Project name: _____
2. Brief description of the project:

3. Estimated Budget for Project: \$ _____
4. Budget Information:
Fund #: _____ Account #: _____ Department: _____
5. Montclair State University project manager name: _____
6. A/E consultant firm: _____
7. A/E consultant contact person: _____
8. A/E consultant contact person email: _____
9. A/E consultant contact phone #: _____
10. Requested project completion date: _____
11. # of consecutive calendar days: _____
12. Alternates, if applicable (itemized scope in order of consideration):
 1. _____
 2. _____
 3. _____
 4. _____(attach additional sheets if necessary)
13. Allowances, if applicable (itemized description & dollar amount):
 1. _____
 2. _____
 3. _____
 4. _____(attach additional sheets if necessary)

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14. Unit prices, if applicable (itemized description and pay unit):

1. _____

2. _____

(attach additional sheets if necessary)

15. Liquidated damages, refer to the standard amount:

No change to standard amount _____ Alternate amount suggested*

*Please attach a brief explanation as to how the liquidated damages amount was calculated.

16. Prime Contractor DPMC Classification and minimum aggregate rating value:

17. Subcontractor list:

a.) HVAC:	Yes <input type="checkbox"/>	DPMC required <input type="checkbox"/> (C039)
b.) Electrical:	Yes <input type="checkbox"/>	DPMC required <input type="checkbox"/> (C047)
c.) Plumbing:	Yes <input type="checkbox"/>	DPMC required <input type="checkbox"/> (C030)
d.) Structural steel:	Yes <input type="checkbox"/>	DPMC required <input type="checkbox"/> (C029)
e.) Fire alarm systems:	Yes <input type="checkbox"/>	DPMC required <input type="checkbox"/> (C049)
f.) Other: _____		DPMC required <input type="checkbox"/>
g.) Other: _____		DPMC required <input type="checkbox"/>
h.) Other: _____		DPMC required <input type="checkbox"/>
i.) Other: _____		DPMC required <input type="checkbox"/>

APPROVALS:

University Facilities Manager:

Name *Signature & Date*

A.V.P University Facilities.:

Name *Signature & Date*

V.P. University Facilities:

Name *Signature & Date*

Budget Approval (if over 500k):

Name *Signature & Date*

Procurement Approval:

Name *Signature & Date*