

# 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 200k):

\_\_\_\_\_  
*Name* \_\_\_\_\_  
*Signature & Date*

Procurement Approval:

\_\_\_\_\_  
*Name* \_\_\_\_\_  
*Signature & Date*