

# PROJECT PROCEDURES

## DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET State Facilities Administration Design and Construction Division

FILE NUMBER(S)	CONTRACT NO.
AGENCY / PROJECT NAME / LOCATION	
ORGANIZATIONAL MEETING DATE	CONTRACT SUBSTANTIAL COMPLETION DATE
<b>REPRESENTATIVES</b>	
STATE FACILITIES ADMINISTRATION REPRESENTATIVE ( <b>PROJECT DIRECTOR</b> OR MANAGER)	TELEPHONE / E-MAIL
FIELD REPRESENTATIVE	TELEPHONE / E-MAIL
PROFESSIONAL SERVICE CONTRACTOR	
PROFESSIONAL SERVICE CONTRACTOR REPRESENTATIVE	TELEPHONE / E-MAIL
PROJECT AGENCY REPRESENTATIVE  AGENCY SAFETY CONTACT	TELEPHONE / E-MAIL
CONTRACTOR	
OFFICE CONTACT / PROJECT MANAGER	TELEPHONE / E-MAIL
FIELD CONTACT / SUPERINTENDENT	TELEPHONE / E-MAIL
CONTRACTOR SAFETY REPRESENTATIVE – 24 HOUR CONTACT	TELEPHONE / E-MAIL (MUST list 2 numbers)
EMERGENCY CONTACT NUMBER FOR PROJECT AGENCY / FACILITY: _____.	

## PROFESSIONAL SERVICE CONTRACTOR REQUIREMENTS

1. The Professional Service Contractor (PSC) is required to submit a project inspection sheet (DTMB-0452) for all site visits to the project. These sheets shall be submitted to the Project Director or Field Representative for signature, when billing for field hours.

### CONTRACTOR REQUIREMENTS

1. Subcontractors and suppliers, if not previously submitted, the Contractor shall submit, within \_\_\_\_ days, to the PSC, the Project Director, and the Field Representative, in accordance with the Contract.
2. Schedule of values, if not previously submitted, the Contractor shall submit, within \_\_\_\_ days, to the PSC, the Project Director, and the Field Representative, in accordance with the Contract. No progress payments will be made prior to receipt and approval of a schedule of values.
3. Progress schedule, if not previously submitted, the Contractor shall submit, within \_\_\_\_ days, to the PSC, the Project Director, and the Field Representative, in accordance with the Contract.
4. Shop drawings and samples to be submitted to the PSC for review. The number of copies required is \_\_\_\_\_. The PSC will distribute as discussed. No work shall be put in place without prior review by the PSC as per the Contract.
5. Contractor to submit daily reports at the frequency determined by the Project Team. Contractor to submit RFIs to PSCs for any questions.
6. Pay requests, shall be submitted including purchase order number, to the Project Director, Field Representative, and the PSC. The State will furnish payment vouchers (DTMB-0440) which must be used and submitted with backup including AIA G702/G703 for certification and schedule of values breakdown as well as a contractors Sworn Statement with each request. Processing sequence will be as follows:
  - a. Field Representative will review the payment rough draft with the PSC and initial the final payment request.
  - b. The payment request, which has the Field Representative's initials, is to be sent to the PSC.
  - c. The PSC will review and, if in agreement, will certify and send the payment request to the Project Director.
  - d. Final payments should not be submitted until all close out documents have been submitted and reviewed. Contract close out requirements are outlined in the contract. A contractor closeout check list is attached to assist the contractor in successfully completing the project.
7. The Contractor shall submit a substantial completion request by letter to the PSC with copies sent to the Project Director and Field Representative. The contractor shall develop a work completion list and finish said work prior to submission of a substantial completion request.
8. Liquidated damages for this project are \$ \_\_\_\_\_ per day after the date of Substantial Completion, and \$ \_\_\_\_\_ per day after the date of Final Completion, \_\_\_\_\_.
9. A Builders' Risk Policy is not provided by the State of Michigan, however it is the Contractor's responsibility to provide insurance as required by the Bonding Company and per the Contract.
10. The contractor is to immediately notify DCD if their State Project Registration (SPR) or any of their subcontractors SPR's are no longer valid (i.e. suspended, revoked or not renewed) at any time

during the term of the contract. Any contractors or subcontractors that are added to the project following initial commencement must have and maintain a valid SPR.

11. For projects that do not require compliance with the Federal Davis-Bacon Act, the contractor is required to provide Certified Payrolls, including all subcontractors, directly to LEO Wage and Hour with the access provided at the time of registering and submitting payment for SPR. Certified payroll for projects with the State of Michigan Prevailing Wages are not to be submitted to DTMB at any time.
12. If a project is found to require asbestos abatement that was not originally included in the project scope, the contractor will be required to submit Section 00330 Asbestos Abatement Attestation confirming compliance with item 1 or item 3.

### AGENCY REQUIREMENTS

1. The agency shall mark any and all known locations of utilities in the contract work area. (This does not relieve the Contractor of any contract responsibilities; i.e., calling Miss Dig or specific Contractor locator service requirements.)
2. The agency shall move or relocate furnishings, window coverings, or agency equipment, if so specified, as required for the Contractor to perform their contract duties.
3. The agency shall provide the necessary security oversight and access to the project site as required for the Contractor to perform their contract duties.
4. The agency shall provide "As-Built" information, if available, to the Contractor.
5. The agency shall follow through on Warranty issues as stated on the "Warranty Policy" of the Department of Technology, Management and Budget.
6. Agency shall provide an asbestos report if one exists.

### PRIOR TO STARTING WORK

1. The Contractor must purchase ALL REQUIRED PERMITS from the appropriate agencies, necessary for the proper execution of the work, prior to starting work on the project site. Evidence that the permits have been purchased shall be furnished to the PSC, Project Director, and the Field Representative before starting work and prior to the first payment request being processed.
2. The Contractor is to review with the agency its operating procedures, parking requirements, storage areas, working conditions, etc.
3. The contractor shall submit Safety Data Sheet's (SDS's) to the agency in accordance with the Michigan Occupational Safety and Health Act (MIOSHA), General Industry Standard Part 92, Construction Standard Part 42, also General Industry and Construction Health Standard Part 430. This includes but is not necessarily limited to paints, solvents, roofing materials, or anything of a chemical nature. All SDS Sheets must be submitted prior to the delivery of any of these materials to the project site.
4. Prior to beginning work on site the Contractor shall install all required barricades, signs, and warning devices. The Contractor shall also post the Contract Prevailing Wages, Safety information, and employment notifications on the site.
5. **SOIL EROSION / SEDIMENTATION & STORM WATER CONTROL MEASURES -**  
The Department of Technology, Management and Budget is an Authorized Public Agency per the requirements of PA 451 of 1994, Part 91 as amended and no other local or county SESC permits are required. For projects which include an earth disturbance greater than one acre, or which lie within 500 lineal feet of a lake, stream or wetland area (waters of the State), the contractor must submit an SESC Implementation Plan to the DTMB SESC Unit **prior to the initiation of any earth change** activities at the site. Upon review of the implementation plan submitted by the Contractor, the DTMB SESC Program representative will issue an "Authorization to Proceed with Earth Change", which must be posted at the project site. Upon receipt of this authorization, the Contractor may begin earth change activities unless there is an MDEQ NPDES Storm Water

Permit required for the project. For projects which include an earth disturbance of 5 acres or more, the Contractor is required to obtain an MDEQ Water Bureau NPDES Storm Water Permit **prior to the initiation of any earth change** activities. The MDEQ Water Bureau NPDES Storm Water Permit will have an associated fee cost.

## HEALTH AND SAFETY

The Preconstruction Safety Checklist (attached) will be reviewed by the Project Director, Project Agency Rep, the Project Safety Rep and General Contractor. A copy of the Preconstruction Safety Checklist shall be posted in a visible location at the project site.

## PROCEDURE FOR PROPOSED CHANGE ORDERS

Except in an emergency endangering life or property, no deviation from the contract documents will be allowed without the issuance and approval of the following documents:

1. The PSC will fill out a bulletin request (DTMB-0485). This bulletin request form shall be addressed to the PSC from the Project Director. After the Project Director and authorized agency representative approves the bulletin request, the PSC shall issue a Contract Bulletin to the Contractor. Copies of the Bulletin shall be sent to the Project Director and the Field Representative.
2. Upon receipt of the bulletin, the Contractor shall promptly (per specifications) prepare and submit a quotation to the PSC with copies sent to the Project Director and the Field representative. The Contractor shall reference the Bulletin number on their quotation. The quotation must be itemized and include:
  - a. Description of quantities and costs of materials.
  - b. Hours of labor, rates (including fringe benefits) and total labor cost.
  - c. Equipment rental charges.
  - d. Contractor's overhead and profit (per the specification requirements).
  - e. Subcontractors to follow the same itemization as above.
  - f. The Contractor's signature is required on quotation.
3. After review and evaluation, the PSC will submit a recommendation letter (accompanied by signed copy of the quotation, bulletin, and bulletin request) to the Project Director with a copy to the Field Representative and the Contractor.
4. Upon completing a review, the Project Director and/or the Field Representative will draft a contract change order that will be processed by the DTMB. The DTMB will issue a Contract Change Order to the Contractor.

## TESTS

The Owner may provide testing services for those materials required to meet quality control standards specified in the contract. The Contractor will be responsible for testing required to meet code requirements of code inspecting authorities. Copies of the results of either testing methods to be distributed to the PSC and the Project Director with a copy to the Field Representative.

## PROGRESS MEETINGS

Progress meetings will be held on the (first, second, third, or fourth)/(Monday, Tuesday, Wednesday, Thursday, or Friday) of each month at \_\_\_\_ a.m./p.m., unless otherwise notified.

**PRE-CONSTRUCTION SAFETY CHECKLIST**

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET

STATE FACILITIES ADMINISTRATION

Design and Construction Division

Mailing Address: P.O. Box 30026, Lansing, MI 48909

Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

PROJECT NAME				DATE
SIGMA CODING	AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER	DEPARTMENT/UNIVERSITY/COLLEGE
STATE FACILITIES ADMINISTRATION REPRESENTATIVE (PROJECT DIRECTOR OR MANAGER)				
PHONE	CELLULAR PHONE	E-MAIL	FAX	
PROJECT AGENCY REPRESENTATIVE				
PHONE	CELLULAR PHONE	E-MAIL	FAX	
AGENCY SAFETY CONTACT				
PHONE	CELLULAR PHONE	E-MAIL	FAX	
CONTRACTOR				
CONTRACTOR SAFETY REPRESENTATIVE *				
ADDRESS				
PHONE	CELLULAR PHONE	E-MAIL	FAX	

\* The Contractor Safety Representative must be available at all times (24 hours, 7 days) to respond to safety and health-related issues at the project site.

1. Will this project take place inside or adjacent to an occupied State of Michigan building or facility?

\_\_\_\_ Yes \_\_\_\_ No

*If yes, the project agency representative should be present at the pre-construction meeting and should be copied on all project information pertinent to the health and safety of the building occupants.*

2. Does the contractor have in place a comprehensive employee safety and health program consistent with Michigan Occupational Safety and Health Act (MIOSHA-P.A.154 of 1974) standards?

\_\_\_\_ Yes \_\_\_\_ No

☐ If yes, a copy must be on site while the contractor is on site.

☐ If no, prior to starting work, the contractor must develop a written comprehensive health and safety program for his/her employees according to MIOSHA standards.

3. Does the project require utility or facility tie-ins or shut downs?

\_\_\_\_ Yes \_\_\_\_ No

☐ If yes, review the responsibilities of the contractor and the project agency representative. Review lock-out/tag-out requirements if needed and document the procedures. (Attach a report if needed)

\_\_\_\_\_  
\_\_\_\_\_

4. Will this project involve the use of chemicals or materials which may potentially pose an exposure risk to employees and/or building occupants (i.e., solvents, adhesives, epoxies, roofing compounds, etc.)?

\_\_\_\_ Yes \_\_\_\_ No

If yes:

- ☐ The contractor will submit copies of all Safety Data Sheets (SDS's) to the project agency representative.
- ☐ The contractor will review with the project director, professional, and project agency representative the project schedule; address the need for temporary shutdown of ventilation, temporary evacuation of employees or building occupants; installation of temporary critical barriers or other processes which may be necessary to prevent exposure to chemicals or materials which may potentially pose an exposure risk.

Notes: \_\_\_\_\_  
\_\_\_\_\_

5. What potential health & safety hazards may currently exist that the agency is aware of on this project site?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

If yes:

- ☐ Chemicals or materials governed by MIOSHA that require a Safety Data Sheet (SDS)
- ☐ Asbestos containing building materials
- \*Is there an Asbestos Containing Building Materials report available? \_\_\_\_ Yes \_\_\_\_ No
- \*If yes, has the report been shared with the contractor? \_\_\_\_ Yes \_\_\_\_ No
- \*Has the state agency notified their staff of the potential danger/hazard per MIOSHA General Industry Health Standard Part 305 (Asbestos for General Industry) and MIOSHA Construction Health Standard Part 602 (Asbestos for Construction)? \_\_\_\_ Yes \_\_\_\_ No
- ☐ Lead containing materials
- ☐ Mold within the project scope area limits

Other: \_\_\_\_\_  
\_\_\_\_\_

6. Additional safety items for review:

- ☐ Construction noise and dust
- ☐ Shut down of the fire protection systems
- ☐ Hot work, welding, torch activities, etc... (Fire Watch)
- ☐ Confined space entry

\_\_\_\_\_  
\_\_\_\_\_

7. Signatures: By signing this checklist, I am acknowledging that I have read this document thoroughly and understand its contents.

STATE FACILITIES ADMINISTRATION REPRESENTATIVE	DATE
PROJECT AGENCY REPRESENTATIVE	DATE
AGENCY SAFETY CONTACT	DATE
CONTRACTOR SAFETY REPRESENTATIVE	DATE

**This completed checklist will be posted on the project work site.**

## MEETING ATTENDANCE RECORD

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET

State Facilities Administration

Design and Construction Division

PROJECT DESCRIPTION/LOCATION			DATE	TIME
FILE NUMBER	CONTRACT NUMBER	MEETING PLACE		

[illegible]

# Project Name

Request for Information

RFI No. \_\_\_\_\_

From Contractor:

General Contractor  
Address Line 1

Tel:  
Fax:

To Architect/Engineer:

Owner:

Owner's Name  
Address Line 1

Tel:  
Fax:

Date: \_\_\_\_\_

From: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Question:

☐ Site/Civil

☐ Structural

☐ Architectural

☐ Finishes

☐ Mechanical

☐ Plumbing

☐ Sprinkler

☐ Electrical

☐ Other

Reference Drawing: \_\_\_\_\_

Reference Spec: \_\_\_\_\_

Attachments: \_\_\_\_\_

Question: \_\_\_\_\_

Proposed Solution: \_\_\_\_\_

Reply: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_



SUBMIT REQUEST TO:

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET

DESIGN AND CONSTRUCTION DIVISION

Mailing Address: P.O. Box 30026, Lansing, MI 48909

Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

THIS FORM IS REQUIRED FOR USE BY PROFESSIONAL SERVICE AND CONSTRUCTION CONTRACTORS  
ON CAPITAL OUTLAY AND MISCELLANEOUS OPERATING PROJECTS TO RECEIVE PAYMENT. AUTHORITY: 1984 PA 431

INSTRUCTIONS TO CONTRACTOR: 1) FILL IN ALL APPROPRIATE FIELDS, AUTHORIZED AMOUNT\*, EARNED TO DATE\*, AND PREVIOUSLY REQUESTED\*. ALL OTHER FIELDS ARE CALCULABLE. 3) AUTHORIZED SIGNATURE MUST APPEAR ON ALL PAYMENT REQUESTS. 4) EMAILPAYMENT REQUEST AND ALL APPLICABLE BACKUP TO THE PROJECT DIRECTOR. RETAIN A COMPLETE COPY FOR YOUR RECORDS.

DEPARTMENT OR AGENCY				DATE				CONTRACT NUMBER			
Department or Agency				Today's Date				Y Contract Number			
NAME AND ADDRESS OF PSC/CONTRACTOR				FILE NUMBER							
Firm's Name				File Number							
Firm's Address 1				LAST 4 DIGITS of FEDERAL ID NUMBER (IF NONE, SOCIAL SECURITY NUMBER). THIS IS REQUIRED FOR BILLING AND TAX PURPOSES. PAYMENTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION:							
Firm's Address 2											
Firm's City, ST Zip				Firm's ID No. *****							
DEPARTMENT CERTIFICATION: I CERTIFY THAT THE SERVICES REPRESENTED BY THIS PAYMENT REQUEST WERE PROPERLY AUTHORIZED AND ARE FOR A				PROFESSIONAL SERVICES CONTRACTOR (PSC) CERTIFICATION: I CERTIFY THAT THE SERVICES LISTED BELOW ARE PROPER CHARGES AGAINST THE STATE OF MICHIGAN							
				PERIOD OF SERVICE				FROM:		TO:	
BY LAW. THE AMOUNTS ARE CORRECT AND PROPER AND ARE APPROVED FOR PAYMENT.											
SIGNATURE OF AUTHORIZED DEPARTMENTAL AGENT				DATE		SIGNATURE OF PSC				DATE	

GIVE COMPLETE DESCRIPTION OF SERVICES RENDERED AS IT APPEARS ON THE CONTRACT ORDER

PROFESSIONAL SERVICES FOR:		Insert Scope of Work as it appears in the Contract Order					Amount						
Project Phase		Authorized Amount*		Earned to Date*		Previously Billed*		Remaining Balance		% Complete		Amount of This Request	
100	Study	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
100	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
200	Analysis	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
200	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
300	Schematic Design	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
300	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
400	Preliminary Design	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
400	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
500	Final Design/Bidding Documents	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
500	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
600	Construction Admin/Office	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
600	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
700	Construction Admin/Field	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
700	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
800	Supplemental Design	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
800	Reimbursables	\$0.00		\$0.00		\$0.00		\$0.00				\$0.00	
TOTAL AMOUNT		\$0.00		\$0.00		\$0.00		\$0.00		0%		\$0.00	

FOR DEPARTMENT USE ONLY

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE			FUNDING PRIORITY			BSA		BFY		
\$0.00										

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE			FUNDING PRIORITY			BSA		BFY		
\$0.00										

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE			FUNDING PRIORITY			BSA		BFY		
\$0.00										

TOTAL:

\$0.00

PAYMENT REQUEST

PURCHASE ORDER NUMBER  
VOUCHER NUMBER

SUBMIT REQUEST TO: DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
DESIGN AND CONSTRUCTION DIVISION

Mailing Address: P.O. Box 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

THIS FORM IS REQUIRED FOR USE BY PROFESSIONAL SERVICE AND CONSTRUCTION CONTRACTORS  
ON CAPITAL OUTLAY AND MISCELLANEOUS OPERATING PROJECTS TO RECEIVE PAYMENT. AUTHORITY: 1984 PA 431

INSTRUCTIONS TO CONTRACTOR: 1) USE SEPARATE REQUEST FORM FOR EACH CONTRACT ORDER. 2) FILL IN ALL APPROPRIATE FIELDS, ORIGINAL CONTRACT AMOUNT, APPROVED CONTRACT CHANGE ORDERS, AMOUNT COMPLETED, LESS PREVIOUS PAYMENTS. ALL OTHER FIELDS ARE CALCULABLE. 3) AUTHORIZED SIGNATURE MUST APPEAR ON ALL PAYMENT REQUESTS. 4) FORWARD PAYMENT REQUEST AND ALL BACKUP TO PROFESSIONAL SERVICES CONTRACTOR (PSC) OR PROJECT DIRECTOR IF NO PSC.

DEPARTMENT OR AGENCY		DATE	CONTRACT NUMBER	
Department or Agency		Today's Date	Y Contract Number	
NAME AND ADDRESS OF PSC/CONTRACTOR		FILE NUMBER		
Firm's Name		File Number		
Firm's Address 1		LAST 4 DIGITS of FEDERAL ID NUMBER (IF NONE, SOCIAL SECURITY NUMBER). THIS IS REQUIRED FOR BILLING AND TAX PURPOSES. PAYMENTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION:		
Firm's Address 2				
Firm's City, ST Zip		Firm's ID No. *****		
DEPARTMENT CERTIFICATION: I CERTIFY THAT THE SERVICES REPRESENTED BY THIS PAYMENT REQUEST WERE PROPERLY AUTHORIZED AND ARE FOR A PURPOSE INCLUDED WITHIN THE APPROPRIATION OR AS OTHERWISE PROVIDED BY LAW. THE AMOUNTS ARE CORRECT AND PROPER AND ARE APPROVED FOR PAYMENT.		CONTRACTOR'S CERTIFICATION: I CERTIFY THAT THE SERVICES LISTED BELOW ARE PROPER CHARGES AGAINST THE STATE OF MICHIGAN		
SIGNATURE OF AUTHORIZED DEPARTMENTAL AGENT		DATE	SIGNATURE OF CONTRACTOR	
			DATE	

Project Name:	Insert Project Name as it appears in the Contract Order	Amount
a. Original Contract Amount:	\$0.00	
b. Approved Contract Change Orders to date:	\$0.00	
c. Current Contract Amount:	\$0.00	
d. Amount Completed & Stored on Site:	\$0.00	
e. Less Previous Payment:	\$0.00	
f. Amount Due this Request:	\$0.00	
g. Balance to Complete:	\$0.00	
h. Percent Complete:	0%	
TOTAL DUE		\$0.00

FOR DEPARTMENT USE ONLY

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
										\$0.00
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE		FUNDING PRIORITY		BSA		BFY				
										\$0.00

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
										\$0.00
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE		FUNDING PRIORITY		BSA		BFY				
										\$0.00

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
										\$0.00
PROGP		APPN		FUND	SFUND	ACTV	FUNC	TASK	TASKO	
FUNDING PROFILE		FUNDING PRIORITY		BSA		BFY				
										\$0.00

TOTAL:										\$0.00
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NOTE: MUST ATTACH SCHEDULE OF VALUES &/OR OTHER SUPPORTING DOCS

PAYMENT REQUEST

PURCHASE ORDER NUMBER

VOUCHER NUMBER

SUBMIT REQUEST TO:

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
DESIGN AND CONSTRUCTION DIVISION

Mailing Address: P. O. BOX 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917  
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DEPARTMENT OR AGENCY		DATE	CONTRACT NUMBER		
Department or Agency		Today's Date	Y Contract Number		
NAME AND ADDRESS OF PSC/CONTRACTOR		FILE NUMBER			
Firm's Name		File Number			
Firm's Address 1		LAST 4 DIGITS of FEDERAL ID NUMBER (IF NONE, SOCIAL SECURITY NUMBER). THIS IS REQUIRED FOR BILLING AND TAX PURPOSES.			
Firm's Address 2		PAYMENTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION:			
Firm's City, ST Zip		Firm's ID No. *****-			
DEPARTMENT CERTIFICATION: I CERTIFY THAT THE SERVICES REPRESENTED BY THIS PAYMENT REQUEST WERE PROPERLY AUTHORIZED AND ARE FOR A PURPOSE INCLUDED WITHIN THE APPROPRIATION OR AS OTHERWISE PROVIDED BY LAW. THE AMOUNTS ARE CORRECT AND PROPER AND ARE APPROVED FOR PAYMENT.		CONTRACTOR'S CERTIFICATION: I CERTIFY THAT THE SERVICES LISTED BELOW ARE PROPER CHARGES AGAINST THE STATE OF MICHIGAN			
		PERIOD OF SERVICE		FROM:	TO:
SIGNATURE OF AUTHORIZED DEPARTMENTAL AGENT		DATE	SIGNATURE OF PSC/CONTRACTOR		
					DATE

GIVE COMPLETE DESCRIPTION OF SERVICES RENDERED AS IT APPEARS ON THE CONTRACT ORDER

SERVICES FOR:	Insert Scope of Work as it appears in the Contract Order	Amount
---------------	--	--------

Service	Authorized Amount*	Earned to Date*	Previously Billed*	Remaining Balance	% Cmplt	Amount of This Request
Design Services	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Design Reimbursable	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Construction Services	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
General Conditions	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Management	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Management Reimbursable	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Fees (% of Construction Services)	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
TOTAL AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00

FOR DEPARTMENT USE ONLY

REV	DEPT	AGY	ACTG TEMPLATE	UNIT	LOC	OBJ	DOBJ	PROG	PHASE	Amount
	PROGP		APPN	FUND	SFUND	ACTV	FUNC	TASK	TASKO	
										\$0.00
	PROGP		APPN	FUND	SFUND	ACTV	FUNC	TASK	TASKO	
										\$0.00
	PROGP		APPN	FUND	SFUND	ACTV	FUNC	TASK	TASKO	
										\$0.00

TOTAL

\$0.00

## SWORN STATEMENT

STATE OF MICHIGAN )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

<<<name of person signing sworn statement>>>, being duly sworn, deposes and says: That <<<name of company>>> is a/the <<<select one>>>(contractor)(subcontractor)(supplier) for an improvement to the following described public works situated in \_\_\_\_\_ County, Michigan, described as follows:

**Contract No.** <<< DCD contract Ynumber >>> **Project Name:** <<< DCD Project Name >>>

That the following is a statement of each subcontractor and supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid, with whom the <<<same selection as above>>>(contractor)(subcontractor)(supplier) has <<<select one>>>(contracted)(subcontracted)(supplied material)(supplied labor) for performance under the contract with the owner, lessee, or general contractor thereof, and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names, as follows:

Name of Subcontractor, Supplier, or Laborer	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Balance to Complete	Amount of Laborer Wages Due But Unpaid	Retention	Amount of Laborer Fringe Benefits and Withholdings Due But Unpaid
	SUB TOTALS							



## SWORN STATEMENT

STATE OF MICHIGAN )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says: That \_\_\_\_\_ is a/the (contractor)(subcontractor)(supplier) for an improvement to the following described public works situated in \_\_\_\_\_ County, Michigan, described as follows:

**Contract No.** \_\_\_\_\_; **Project Name:** \_\_\_\_\_

That the following is a statement of each subcontractor and supplier and laborer, for which laborer the payment of wages or fringe benefits and withholdings is due but unpaid, with whom the (contractor)(subcontractor)(supplier) has (contracted)(subcontracted)(supplied material)(supplied labor) for the improvement on the above referenced public works project and that the amounts due to the persons as of the date hereof are correctly and fully set forth opposite their names, as follows:

Name of Subcontractor, Supplier, or Laborer	Type of Improvement Furnished	Total Contract Price	Amount Already Paid	Amount Currently Owing	Balance to Complete	Amount of Laborer Wages Due But Unpaid	Retention	Amount of Laborer Fringe Benefits and Withholdings Due But Unpaid
	SUB TOTALS							



DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
STATE FACILITIES ADMINISTRATION  
Design and Construction Division

## INSTRUCTIONS TO CONTRACTORS FOR PREPARATION OF BULLETIN COST QUOTATIONS FOR CONTRACT CHANGE ORDERS

1. Upon receipt of the bulletin, the contractor has the responsibility to:
  - a. Submit detailed cost quotation as promptly as possible. It must be dated and signed. Lump sum proposals will not be accepted and will be returned to the contractor for resubmittal by the professional service contractor.
  - b. Prepare the cost breakdown for each item covered in the bulletin, in detail, (in accordance with the following guidelines) setting forth the material, labor, labor fringes, equipment costs with overhead, profit and/or handling fees.
2. Following are sample guidelines for use in preparing detailed cost breakdown for each item in the bulletin being quoted:
  - a. Material Cost:
 

List material giving unit cost x number of units = cost	_____	
Add 6% sales tax	_____	
Add applicable shipping costs	_____	
Subtotal Material Costs	_____	\$ _____
  - b. Labor Cost - List for each trade the:
 

Hourly rate x number of hours = labor cost	_____	
Add Labor Fringes as applicable:		
F.I.C.A.	_____	
M.E.S.C.	_____	
Pension Contribution	_____	
Vacation Contribution	_____	
H.E.W. Insurance	_____	
Add total fringes labor	_____	
(This is not mandatory, but is helpful if presented labor costs are excessive.)		
Labor Cost	_____	
Subtotal Labor Cost	_____	\$ _____
  - c. Equipment (heavy, i.e., cranes, earth moving, hoists, etc.):
 

Rental charge or equivalent per day of week, including operating costs except labor.	_____	
Subtotal Equipment Cost	_____	\$ _____
  - d. Overhead & Profit - Suggested Percentages
 

(1) Work performed by prime contractor, up to 15% total for overhead and profit.		
(2) On work performed by subcontractor, the prime contractor is allowed up to 5% handling charge, unless otherwise stated in the contract documents.		
(3) Work performed by subcontractor up to 15% total for overhead and profit.		
Subtotal Overhead and Profit	_____	\$ _____
  - e. Time Impact and General Conditions Costs
 

	_____	
--	-------	--

TOTAL COST ITEM

\$ \_\_\_\_\_

**NOTE:** When contract documents stipulate unit prices, the following procedure will be used. Unit price costs based on those established in contract documents times the number of actual or measured units.

\$ \_\_\_\_\_



## **INSTRUCTIONS TO PROFESSIONAL SERVICES CONTRACTOR FOR REVIEW OF CONTRACTORS BULLETIN COST QUOTATION AND RECOMMENDATION FOR CONTRACT CHANGE ORDER**

The professional has the responsibility to see that the contractor submits quotation on time and upon receipt to carefully review the Contractor's cost quotations promptly before submitting to State Facilities Administration with their recommendation.

The Professional Services Contractor shall:

1. Ensure the contractor has prepared the cost breakdown for each item in accordance with the sample and guidelines as outlined in instruction to contractor. If the breakdown is not complete, the quotation will be returned to contractor for resubmittal.
2. Carefully evaluate all quantities and costs submitted by the contractor and, if necessary, check proposed quantities with the State field representative before submitting the recommendation to State Facilities Administration for processing the contract change order.
3. With each recommendation for a contract change order, the Professional Services Contractor shall submit an updated financial statement showing the:
  - a. "B" construction funds in the work order.
  - b. The current "B" contract amounts.
  - c. The resultant contingency balance (original contract amount plus aggregate of all change orders).
4. Time and General Conditions Evaluations

**PROFESSIONAL'S INSPECTION RECORD**  
**DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET**  
**State Facilities Administration**  
**Design and Construction Division**

This form is required to verify visits by the professional service contractor on the job site. Complete this form and attach it to the appropriate payment voucher for services rendered. (Authority: 1984 PA 431)

PROFESSIONAL SERVICE CONTRACTOR			DATE	
SIGMA CODING		AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER
PROJECT NAME				
DEPARTMENT/AGENCY				
DATE	PROFESSIONAL	PURPOSE OF VISIT	TRAVEL TIME	SITE TIME

FIELD REPRESENTATIVE OR CONTRACT ADMINISTRATOR	DATE
PROFESSIONAL SERVICE CONTRACTOR	DATE

# GUARANTEE AND INDEBTEDNESS STATEMENT

**RETURN TO:** DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
State Facilities Administration  
Design and Construction Division  
Mailing Address: P.O. Box 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

This form is required to receive final payment for the contract. Upon completion, submit a completed form to the address above. Authority: 1984 PA 431

The undersigned provides the following statements covering the work defined in the contract dated:

SIGMA CODING	AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER
DEPARTMENT/AGENCY			
PROJECT NAME			

## GUARANTEE

We guarantee that all labor and materials furnished and the Work performed by us in connection with the subject work are in accordance with the plans and specifications, authorized alterations and additions that should any defects develop or become apparent for a period of \_\_\_\_\_ year(s) from date of acceptance \_\_\_\_\_ the same shall, upon written notice, be made good by us without expense to the Owner, and that any other Work, affected in correcting such defects shall also be made good. In addition to the above guarantee, the following additional items are guaranteed as noted:

## INDEBTEDNESS STATEMENT

We certify that all payrolls, material bills, and other indebtedness connected with the work on the subject project have been paid in full.

COMPANY NAME AND CONTRACTOR'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

cc: Agency  
Designer

CERTIFICATION OF OFF-SITE MATERIAL STORAGE

RETURN TO: DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
State Facilities Administration  
Design and Construction Division  
Mailing Address: P.O. Box 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

SIGMA CODING	AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER
DEPARTMENT/AGENCY			DATE
PROJECT NAME			
CONTRACTOR NAME AND ADDRESS			

1. The materials are stored on property owned or leased by the Contractor or owned by the agency.
2. The materials are insured against loss by fire, theft, flood or other hazards.
3. The materials are properly stored and are protected against loss or damage.
4. The materials are in accordance with the plans and specifications and would normally, in the opinion of the Contractor, entitle him/her to payment upon delivery to the project site.
5. The materials are specifically allotted, identified, and reserved for the project.
6. Each item and its cost is listed in the request for payment together with the location of the storage facilities.
7. The foregoing conditions will be continued in force until the items have been delivered to the project site.

APPROVALS

I certify that the above-listed items are true and correct.

CONTRACTOR'S SIGNATURE	DATE
------------------------	------

We agree that this certification concerning the subject Contract will not relieve us of any responsibility as surety for the Contractor.

SURETY COMPANY REPRESENTATIVE'S SIGNATURE	DATE
---	------

SURETY COMPANY'S NAME AND ADDRESS

MATERIALS STORED ON PROJECT/JOB SITE

RETURN TO: DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
State Facilities Administration  
Design and Construction Division  
Mailing Address: P.O. Box 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

SIGMA CODING	FILE NUMBER	AGENCY NUMBER	DATE
DEPARTMENT/AGENCY			CONTRACT NUMBER
PROJECT NAME			

ITEM NO.	PREVIOUSLY STORED	STORED THIS MONTH	USED THIS MONTH	BALANCE STORED

I certify that the above listed items are true and correct.

CONTRACTOR'S SIGNATURE	DATE
------------------------	------

BULLETIN REQUEST NO. Enter #

FILE NUMBER File No.	DEPARTMENT/AGENCY Department	DATE Click enter date
LOCATION Project Location	PROJECT NAME Project Name	
PROFESSIONAL (Firm and Individual) PSC First & Individual	CONSTRUCTION CONTRACTOR and CONTRACT 'Y' NUMBER Construction Contractor & Y No.	

Approved Copy to: File, DCD Field Representative, Agency POC, PSC

## INSTRUCTIONS FOR SCHEDULE OF VALUE

Before submission of the first application for payment, the contractor must submit a schedule of values, approved by the Department of Technology, Management and Budget, project manager, of the various tasks that must be performed to complete all the work. The schedule must show each task and the corresponding value of the task, including separate monies allocated for General Condition items and project close out. The aggregate total value for all tasks must be equal to the total contract sum.

1. Refer to contract division/subject listing.
2. Select divisions appropriate to the specific contract.
3. List the divisions along with applicable subject, including the subject code number of each.
4. List the required data for each area.
5. Use additional sheets if necessary.

### SAMPLE SCHEDULE OF VALUE

Division	Item	Quantity	Unit	Contract Amount	Percent Complete	Amount
1. General Conditions	01001 – 01700					
2. Site Work	02010 – 02950					
3. Concrete	03100 -03500					
4. Masonry	04100 – 04500					
5. Metals	05100 -05800					
6. Wood and Plastics	06100 - 06500					
7. Thermal and Moisture Protection	07100 – 07900					
8. Doors and Windows	08100 – 08900					
9. Finishes	09100 – 09950					
10. Specialties	10100 – 10900					
11. Equipment	11050 – 11990					
12. Furnishings	12100 – 12800					
13. Special Construction	13010 – 13700					
14. Conveying Systems	14100 – 14800					
15. Mechanical	15010 – 15900					
16. Electrical	16010 - 16900					

The items listed on the left are categorical titles and are not intended to be used for payment purposes. Generally, it will be necessary to expand the schedule to more clearly establish the actual tasks that will be performed.





CERTIFICATE OF SUBSTANTIAL COMPLETION  
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET  
State Facilities Administration  
Design and Construction Division

DATE OF SUBSTANTIAL COMPLETION: \_\_\_\_\_  
FINAL COMPLETION DATE: \_\_\_\_\_

The work performed under the subject contract between the State of Michigan and the contractor named at the location listed, has been inspected and found to be in compliance with the contract documents, including duly authorized changes, except for the list of the exceptions noted. The Contractor agrees to complete or correct these items on or before (date):

SIGMA CODING	AGENCY NUMBER	FILE NUMBER	CONTRACT NUMBER
DEPARTMENT/AGENCY			
PROJECT NAME			CONTRACT PRICE
CONTRACTOR NAME AND ADDRESS			
PROFESSIONAL			

1. **SCOPE:** This Certificate of Substantial Completion is for the entire Work \_\_\_\_\_ or the parts of the Work listed in Attachment A \_\_\_\_\_.
2. **DIVISION OF RESPONSIBILITIES:** The responsibilities between the Owner and Contractor for security, operation, safety, maintenance, heat and utilities, insurance and warranties and guarantees, pending final payment (or Substantial Completion of the entire Work), shall be as shown on Attachment B.
3. **DOCUMENTS ATTACHED:** The following documents are attached to and made a part of this Certificate:

PUNCH LIST

Provide all Closeout Documents

APPROVALS

AGENCY REPRESENTATIVE	DATE
CONTRACTOR	DATE
STATE FACILITIES ADMINISTRATION	DATE
PROFESSIONAL	DATE

White - Contract    Green - Project Manager    Canary - Professional Service Contractor    Pink - Contractor    Goldenrod - Agency

Items of work must be completed before final payment can be made and the contract close out. Authority: 1984 PA 431.

**ASBESTOS ABATEMENT ATTESTATION****SUBMISSION REQUIRED WITH ALL BIDS**

Pursuant to the Public Entity Asbestos Removal Verification Act, PA 59 of 2024, MCL 338.3371 et seq. ("the Act"), the Owner will conduct the background investigation as required of any asbestos abatement contractor, or a general contractor that contracts with an asbestos abatement contractor, for the abatement of asbestos. Under the Act, an "Asbestos abatement contractor" means a business entity that is licensed under the asbestos abatement contractors licensing act, 1986 PA 135, MCL 338.3101 to 338.3319, and that carries on the business of asbestos abatement on the premises of another business entity and not on the asbestos abatement contractor's premises. Asbestos abatement contractor includes an individual or person with an ownership interest in a business entity described in MCL 338.3373(b).

**(INSTRUCTIONS: Professional to select one of these two statements, then delete the not selected statement and instructions.)**

☐ **THE SCOPE OF WORK TO BE COVERED UNDER THIS CONTRACT CONTAINS ASBESTOS ABATEMENT AND THIS ATTESTATION MUST BE COMPLETED.**

☐ **THE SCOPE OF WORK TO BE COVERED UNDER THIS CONTRACT DOES NOT CONTAINS ASBESTOS ABATEMENT AND THIS ATTESTATION IS TO BE LEFT BANK.**

**Contractor attests that: (check one:)**

1. ☐ The Contractor will self-perform all asbestos abatement project work and attests that Contractor has not been issued 5 or more notices of violation of environmental regulations (State and/or Federal), nor has been subject to an administrative consent order or a consent judgment involving environmental regulations.
2. ☐ The Contractor will self-perform all asbestos abatement project work; however, Contractor has been issued 5 or more notices of violation of environmental regulations (State and/or Federal), or has been subject to an administrative consent order or a consent judgment involving environmental regulations, requiring Owner to conduct a background investigation and a public hearing pursuant to PA 59 of 2024, MCL 338.3371 et seq.
3. ☐ The Contractor nominates the following Sub-contractor for all asbestos abatement project work and attests that the nominated Sub-contractor has not been issued 5 or more notices of violation of environmental regulations (State and/or Federal), nor has been subject to an administrative consent order or a consent judgment involving environmental regulations:

Nominated Sub-contractor: \_\_\_\_\_

4. ☐ The Contractor nominates the following Sub-contractor for all asbestos abatement project work; however, the nominated Sub-contractor has been issued 5 or more notices of violation of environmental regulations (State and/or Federal), or has been subject to an administrative consent order or a consent judgment involving environmental regulations, requiring Owner to conduct a background investigation and a public hearing pursuant to PA 59 of 2024, MCL 338.3371 et seq.

Nominated Sub-contractor: \_\_\_\_\_

## CHECKLIST FOR CONTRACTOR'S SOIL EROSION AND SEDIMENTATION CONTROL IMPLEMENTATION PLAN



For projects that include earth changes or disturb existing vegetation.

DEPARTMENT OF TECHNOLOGY, MANAGEMENT & BUDGET  
STATE FACILITIES ADMINISTRATION, DESIGN AND CONSTRUCTION DIVISION  
SOIL EROSION & SEDIMENTATION CONTROL PROGRAM

**PROJECT NAME:** Click or tap here to enter text.

**PROJECT LOCATION:** Click or tap here to enter text.

**PROJECT FILE NUMBER:** Click or tap here to enter text.

**CONTRACTOR CONTACT AND MAILING INFORMATION:** Click or tap here to enter text.

Prior to the start of earthwork, the Contractor must submit a Soil Erosion and Sedimentation Control (SESC) Implementation Plan to the Department of Technology, Management and Budget, Soil Erosion and Sedimentation Control Program. The intent of this plan is to ensure that the Contractor has reviewed and understands the SESC provisions within the plans and specifications. The following checklist will provide Contractors with assistance in creating the SESC Implementation Plan.

**Acreage of disturbed earth:** Click or tap here to enter number of acres.

**Nearest lake or stream:** Click or tap here to enter water body.

The SESC Implementation Plan must include:

1. ☐ A written plan or letter demonstrating:
  - ☐ The Contractor's means and methods for the implementation of SESC provisions included within the plans and specifications and compliance with the provisions of Part 91 of PA 451 of 1994, as amended
  - ☐ The Contractors plan for dust control
  - ☐ The Contractor's plan for inspection and maintenance of temporary soil erosion and sedimentation controls
2. ☐ A map, location plan, drawing, or amended copy of the project SESC or grading plan showing:
  - ☐ Project location Map with scale: 1" = 200' or less - include a legal description of the property (town, range, section, quarter-quarter section)
  - ☐ Distance to lakes, streams or wetlands
  - ☐ Soil type
  - ☐ Predominant land features
  - ☐ Existing & final contours
  - ☐ Existing, construction & final drainage patterns (including dewatering facilities)
  - ☐ Limits of proposed earth change
  - ☐ Site boundaries / property lines
  - ☐ Schedule/ phasing of construction and installation of SESC control measures
  - ☐ Location and description for installing and removing all temporary (during construction) SESC control measures

Checklist for Soil Erosion and Sedimentation Control

Page 2 of 2

- ☐ Description and location of all proposed permanent (post construction) SESC control measures
  - ☐ Maintenance program for all permanent SESC measures and designation of responsible party for maintenance.
  - ☐ The locations of any stockpiles of soil associated with the project
  - ☐ The temporary SESC controls associated with stockpiles of soil
  - ☐ The Contractor's suggested or proposed additions or relocations of any temporary or permanent SESC controls associated with the project plans and specifications (subject to approval by engineer and DTMB)
  - ☐ Location of site entrances, exits and vehicle routes
  - ☐ Location of site superintendent's/project manager's site trailer or office (for SESC Inspector check-in)
3. ☐ A schedule for the installation and removal of temporary controls and the installation of permanent soil erosion and sedimentation controls in relation to the overall construction schedule.

Submit the above items to: [DTMB-SESC@MICHIGAN.GOV](mailto:DTMB-SESC@MICHIGAN.GOV)

**Upon approval of the contractor's plan, an "Authorization to Proceed with Earth Change" will be issued by the DTMB SESC Unit.**

# SOIL EROSION AND SEDIMENTATION CONTROL (SESC)

Click or tap here to enter text.



## INSPECTION REPORT

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET - DESIGN AND CONSTRUCTION DIVISION

3111 W. St. Joseph Street • Lansing, MI 48917

This report is required to document soil erosion and sedimentation control on State of Michigan projects. (Authority: Part 91, PA 451)

REPORT DATE Date	FILE NUMBER Date	CONTRACT NUMBER Date	DEPARTMENT/UNIVERSITY/COLLEGE Department/University/College
PROJECT NAME Project Name			
CONTRACTOR Contractor			Contractor's Contact Contact Info.
PROFESSIONAL PSC			Professional's Contact Contact Info.

A. REASON FOR INSPECTION: ☐ Weekly ( $\geq 1$  acre) ☐ Monthly ( $< 1$  acre) ☐ Post-Rain Event Inspection ☐ Winter InspectionB. CURRENT WEATHER CONDITIONS: (Also note *EXTREME* weather condition or recent weather changes)

Provide weather details, and include link from WeatherUnderground of current day's weather

### SESC CONTROLS EVALUATED

Best Management Practice	Evaluated (check)	Determination (S, M, U)*	Best Management Practice	Evaluated (check)	Determination (S, M, U)*
<b>Erosion Controls:</b>			<b>Erosion/Sediment Controls:</b>		
(E1) Selective Grading & Shaping	<input type="checkbox"/>		(ES31) Check Dam	<input type="checkbox"/>	
(E2) Grubbing Omitted	<input type="checkbox"/>		(ES32) Stone Filter Berm	<input type="checkbox"/>	
(E3) Slope Roughening & Scarification	<input type="checkbox"/>		(ES33) Filter Rolls	<input type="checkbox"/>	
(E4) Terraces	<input type="checkbox"/>		(ES34) Sand Fence	<input type="checkbox"/>	
(E5) Dust Control	<input type="checkbox"/>		(ES35) Dewatering	<input type="checkbox"/>	
(E6) Mulch	<input type="checkbox"/>		(ES36) Diversion Dike/Berm	<input type="checkbox"/>	
(E7) Temporary Seeding	<input type="checkbox"/>		(ES37) Diversion Ditch	<input type="checkbox"/>	
(E8) Permanent Seeding	<input type="checkbox"/>		(ES38) Cofferdam/Sheet Piling	<input type="checkbox"/>	
(E9) Mulch Blankets	<input type="checkbox"/>		(ES39) Streambank Bio-Stabilization	<input type="checkbox"/>	
(E10) Sodding	<input type="checkbox"/>		(ES40) Polymers	<input type="checkbox"/>	
(E11) Vegetated Channels	<input type="checkbox"/>		(ES41) Wattles	<input type="checkbox"/>	
(E12) Rip Rap	<input type="checkbox"/>		<b>Sediment Controls:</b>		
(E13) Gabion Walls	<input type="checkbox"/>		(S51) Silt Fence	<input type="checkbox"/>	
(E14) Energy Dissipator	<input type="checkbox"/>		(S52) Catch Basin Sediment Guard	<input type="checkbox"/>	
(E15) Temporary Slope Drain	<input type="checkbox"/>		(S53) Stabilized Construction Access	<input type="checkbox"/>	
(E16) Slope Drain	<input type="checkbox"/>		(S54) Tire Wash	<input type="checkbox"/>	
(E17) Cellular Confinement Systems	<input type="checkbox"/>		(S55) Sediment Basin	<input type="checkbox"/>	
(E18) Plastic Sheets	<input type="checkbox"/>		(S56) Sediment Trap	<input type="checkbox"/>	
(E19) Temporary Drainageway/Stream Crossing	<input type="checkbox"/>		(S57) Vegetated Buffer/Filter Strip	<input type="checkbox"/>	
(E20) Temporary Bypass Channel	<input type="checkbox"/>		(S58) Inlet Protection Fabric Drop	<input type="checkbox"/>	
(E21) Live Staking	<input type="checkbox"/>		(S59) Inlet Protection Fabric Fence	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>		(S60) Inlet Protection Stone	<input type="checkbox"/>	
			(S61) Turbidity Curtains	<input type="checkbox"/>	

\*S – Satisfactory; M - Marginal; U – Unsatisfactory. M &amp; U ratings require additional explanation in item E below.

C. ARE THE CONTROLS INSTALLED ACCORDING TO THE PLANS AND SPECIFICATIONS?

Click or tap here to enter text.

D. ARE THE CONTROLS MAINTAINED PROPERLY?

Click or tap here to enter text.

E. WHAT CORRECTIVE ACTIONS NEED TO BE TAKEN BY THE CONTRACTOR? (Provide explanation of any M or UA ratings noted above)

Click or tap here to enter text.

F. **BY WHAT DATE MUST ALL CORRECTIVE ACTIONS BE IMPLEMENTED?** Click or tap to enter a date.

G. CORRECTIVE ACTIONS COMPLETED SINCE LAST SESC REPORT?

Click or tap here to enter text.

H. INDICATE WHETHER A DISCHARGE TO WATERS OF THE STATE OR OFF-SITE HAS OCCURRED. YES ☐ NO ☐  
IF YES, EXPLAIN.

Click or tap here to enter text.

I. COMMENTS

Click or tap here to enter text.

Click or tap here to enter text.

Signature of Inspector

Click or tap here to enter text.

Certified Operator Number

Click or tap to enter a date.

Date

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Click or tap here to enter text.	Click or tap here to enter text.

**DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET**  
**State Facilities Administration**  
**Design and Construction Division**

Mailing Address: P.O. Box 30026, Lansing, MI 48909  
Street Address: 3111 W. St. Joseph Street, Lansing, MI 48917

**Sample Progress Meeting Format**

Date:

Progress Mtg. No.:

Location:

Project:     Department:  
                 Agency:  
                 Project Name:  
                 File No.:  
                 SIGMA Coding:  
                 Contract No.:  
                 Project Completion Date  
                 Anticipated Completion Date

Attendance:

1. Corrections to Previous meeting minutes.
2. Contractors Submittals
  - A. List of Subs and Suppliers
  - B. Schedule of Values
  - C. Construction Schedule
  - D. Comments
3. Shop Drawing Status
  - A. CSI Division and % complete.

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.
  - B. Comments
4. Safety
  - A. Accidents:
  - B. Citations:
  - C. Site Conditions:
  - D. Comments:



5. Payment Requests Status
  - A. Draft Requests
  - B. Previous Requests
  - C. Comments
6. Builders Risk Claims
  - A. New Claims
  - B. Old Claims
7. Permits & Code Inspections
  - A. General Building
  - B. Site and Utility
  - C. Plumbing
  - D. Mechanical
  - E. Electrical
  - F. Certificate of Occupancy
  - G. Comments
8. Bulletins & Change Orders
  - A. Bulletin Log
    1. Bulletin no.
    2. Bulletin authorization date
    3. Bulletin issue date
    4. Bulletin quotation date
    5. Bulletin review date
    6. Bulletin recommendation date
    7. Draft change order date
    8. Change order approval date
  - B. Comments:
9. Material Safety Data Sheets
  - A. Submittals
  - B. Comments:
10. Material Testing
  - A. Reports
  - B. Quality of Work
  - C. Comments:
11. Progress of Work
  - A. Schedule
  - B. Contractors comments:
  - C. Owners comments:
  - D. Coordination required
12. Problems Old (Status)
13. Problems New (Status)
14. Are Building Occupants/Users affected by items discussed today?
15. Next Meeting(s) Scheduled

**DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET**  
**State Facilities Administration**  
**Design and Construction Division**



## DEFECTIVE WORK/NON-COMPLIANCE NOTICE

Professional, Project Director, or Owner's Field Representative may complete the first section to identify portions of the Work considered defective/non-compliant. The Professional will then make a determination.		
<b>TO: CONTRACTOR</b> Click or tap here to enter text.		<b>DATE</b> Click or tap to enter a date.
<b>PROJECT NAME</b> Click or tap here to enter text.		<b>TIME</b> Click or tap here to enter text. AM/PM.
		<b>DEFECTIVE WORK/NON-COMPLIANCE NOTICE NO.</b> Click or tap here to enter text.
<b>PROFESSIONAL</b> Click or tap here to enter text.	<b>PROJECT DIRECTOR</b> Click or tap here to enter text.	<b>FILE NUMBER</b> Click or tap here to enter text.
<b>OWNER'S FIELD REPRESENTATIVE</b> Click or tap here to enter text.		
You are hereby notified that <input type="checkbox"/> test <input type="checkbox"/> inspection indicates that the portion of the Work described below: Click or tap here to enter text. is Defective/Non-Compliant. This Work does not conform to the Contract Documents, and/or does not meet the requirements of inspection, test, or approval. The requirements for the work involved are located on Drawing Page Click or tap here to enter text., Detail Click or tap here to enter text., and/or Project Manual Division Click or tap here to enter text., Paragraph Click or tap here to enter text.		
The Professional must complete the second section, issue the Defective Work Notice, and direct the Contractor.		
<input type="checkbox"/> You are directed to take immediate corrective action to bring this Work into conformance with the Contract Documents promptly. This Defective Work/Non-Compliance Notice is NOT a Stop Work Order. Defective Work/Non-Compliance may be required to be removed and replaced at no cost to the Owner. The Contractor shall bear responsibility for the proportionate share of any Delay and costs resulting from the correction and/or the removal and replacement of Defective Work/Non-Compliance.		
<input type="checkbox"/> The Owner, with the advice of the Professional, has determined to accept the Defective Work/Non-Compliance. The Contractor shall bear responsibility for the proportionate share of any Delay and costs associated with the Owner's determination to accept the Defective Work/Non-Compliance. A Change Order will be issued incorporating the necessary revisions in the Contract Documents and the Contract Price shall be adjusted accordingly.		
DETAILED INFORMATION: (attach photographs, test results, written instructions as necessary): Click or tap here to enter text.		
<b>PROFESSIONAL'S SIGNATURE</b> Click or tap here to enter text.	<b>DATE</b> Click or tap to enter a date.	
DATE DEFECTIVE WORK/NON-COMPLIANCE NOTICE WAS DELIVERED TO THE CONTRACTOR: Click or tap to enter a date.		
<b>CONTRACTOR'S PROJECT REPRESENTATIVE SIGNATURE/TITLE</b> Click or tap here to enter text.		<b>DATE</b> Click or tap to enter a date.

## **AGENCY WARRANTY PROCEDURE**

In the event of defect or problem with a piece of equipment or part of the project within the warranty period:

1. Call the general contractor involved.
2. Follow-up call with a written request by certified mail for warranty work on the equipment or item, copy to DTMB, Project Manager.
3. Document the date warranty work was performed, by whom, what time, and on what piece of equipment.
4. Keep running log of all warranty work or repair work performed by the general contractor and/or subcontractor related to the project. (This is to determine and record warranty extension).
5. If the general contractor or subcontractor fails to follow-up on a warranty call/letter, notify the Director of the Design & Construction Division, State Facilities Administration, Department of Technology, Management & Budget at (517) 284-7900.
6. DTMB will call the agency to confirm problems with warranty follow-up and also contact the general contractor.

### **Notes:**

1. Warrantee service numbers/contact persons (for warranty/services/etc.) should be provided to the agency as part of project closeout.
2. After warranty period, product defects should be reported to DTMB, State Facilities Administration for investigation and/or follow-up with the Attorney General's Office.

**FIRE SYSTEM INTERRUPTION REQUEST**  
Michigan Department of Technology, Management and Budget  
Facilities Administration

**DTMB-2118 Revised 11/13/2017**

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**SECTION 1. GENERAL INFORMATION**

<p>1. Dates Start: _____ End: _____</p>	<p>2. Time of Interruption Start: _____ End: _____</p>
<p>3. Building(s)/Ramp(s) Affected _____</p>	
<p>4. Area(s) of Work Being Performed (Specify) _____</p>	
<p>5. System(s) Being Affected <input type="checkbox"/> Detection <input type="checkbox"/> Suppression <input type="checkbox"/> Other (Specify Other) _____</p>	
<p>6. Type of Project <input type="checkbox"/> Design &amp; Construction <input type="checkbox"/> Contractual Services <input type="checkbox"/> State Agency (Specify Agency) _____</p>	

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**SECTION 2. CONTACT INFORMATION (REQUIRED)**

<p>1. Company Performing Work _____</p>	<p>2. Company Contact _____</p>	<p>3. 24 Hour Contact Number _____</p>
<p>4. On Site Contact _____</p>	<p>6. Project/Zone Manager _____</p>	
<p>5. On Site Contact Phone Number _____</p>	<p>7. Project/Zone Manager Phone Number _____</p>	

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**SECTION 3. DTMB FIRE CREW ONLY**

<p>1. Type of Service Requested <input type="checkbox"/> Fire Alarm Panel Offline <input type="checkbox"/> Zone Group Offline <input type="checkbox"/> Fire Suppression Drained</p>			<p><input type="checkbox"/> Fire Suppression Zone Offline <input type="checkbox"/> Other (Specify) _____</p>		
<p>2. Was a Fire Watch Requested During This Time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			<p>3. Is a Fire Watch Necessary During This Time? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>4. General Comments (Zone Groups Offline, Panel Functions, Strobes, Annunciation, Radio Box, Etc.) _____</p>					
<p>5. Is This Work Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. Work Order Number _____</p>	<p>7. Assigned To _____</p>			

SUBMIT TO: [FireSystemRequest@michigan.gov](mailto:FireSystemRequest@michigan.gov) two (2) business days prior to start of work



**DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET**  
**State Facilities Administration**  
**Design and Construction Division**

**SUPERINTENDENT DESIGNATION**

The Construction Contractor shall provide this form to the DCD Project Director and the Professional with the Schedule of Values, List of Subcontractors, and Project Schedule at the Pre-Construction Conference, or by the date specified at the Pre-Construction Conference, to name the superintendent for the Work.

FILE NUMBER	DEPARTMENT/AGENCY	DATE
LOCATION	PROJECT NAME	
PROFESSIONAL (Firm and Individual)	CONSTRUCTION CONTRACTOR and CONTRACT 'Y' NUMBER	

The Contractor names

\_\_\_\_\_ of \_\_\_\_\_  
 Name Firm

as the competent, full-time superintendent for the project identified above.

This individual is the Contractor's representative at the site and has the binding authority, including but not limited to all cost and schedule agreements, non-compliance issue resolutions and commitments on behalf of the Contractor.

The Superintendent shall not be assigned or replaced without the Owner's (DTMB DCD Project Director's) consent.

All communications given to the Superintendent shall be as binding as if given to the Contractor.

Superintendent's Telephone and Email: \_\_\_\_\_

Authorized: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contractor DCD Project Director

Copies to: PSC, Owner's Field Representative, Construction Contractor, File

## Daily Report

Project Title: \_\_\_\_\_

Date: \_\_\_\_\_

Project Number: \_\_\_\_\_

Day: \_\_\_\_\_

Safety Meeting: ☒ Yes ☐ No

Weather Conditions: \_\_\_\_\_ Temperature AM: \_\_\_\_\_ PM: \_\_\_\_\_

Work Performed Today: \_\_\_\_\_

Problems or Delays: \_\_\_\_\_

Subcontractor Progress: \_\_\_\_\_

Photos of work completed today

Report Prepared by: \_\_\_\_\_

Office acknowledgement: \_\_\_\_\_

**Contractor Close Out Check List**  
**Pink Sheet Attachment**

**Substantial Completion – Minimum Requirements**

- Certificate of Substantial Completion - A punch list and a final completion date are required.
- Certificate of Occupancy - Temporary Certificate of Occupancy or Partial Certificate of Occupancy
- Final Code Permit Approvals - Local city or county government may have delegated authority for elevator approvals.
  - May include General Building Permit, Plumbing, Mechanical, Electrical, HVAC, site work, elevator division
- Final Health Department Approval - Including water testing, equipment approvals, backflow preventer testing, etc.
- Final Fire Marshall (Office of Fire Safety) Approval - Local fire departments may have delegated authority.
- Final HVAC and Water Balancing - reports if required
- Final Fire Alarm and Sprinkler System Certifications
- Agency Training - Complete all specified training.
- Operator & Maintenance Manuals - A minimum of one complete O&M manual must be provided at the time of Substantial Completion. Remaining specified copies must be submitted for Final Completion.
- Turnover Special Tools and Equipment - turned over to the agency on or before the date of Substantial Completion
- Keys/Locksets - temporary of permanent lock cores and the submission of all specified keys to agency representative
- Commissioning - final operational testing, startup reports or testing reports

**Final Completion**

- Final Payment - DTMB-440
- Final Bond Company/Surety Release for Final Payment
- Completion of All Punch List Work
- General Guarantee/Warranties - DTMB-437
- Extended Guarantees/Warranties - all specified material/equipment extended warranties
- Final Contract Change Order - includes final adjustments to unit price work, allowances, liquidated damages, time extensions and extended general conditions if applicable
- As Built Drawings - record documents including a final site survey when required; submit per the contract
- Disposal Records - Submit copies of disposal records, as specified, for materials being removed from the project.
- Maintenance Agreements - Submit all specified agreements for elevators, kitchen equipment or specialized systems.
- Operator & Maintenance Manuals - submission of the remaining copies specified that were not submitted at Substantial Completion
- SESC and Storm Water Permits - submit evidence of final closure
- Extra Material/Spare Parts - submit evidence of turnover to the agency of all specified materials and parts
- Demobilization - final cleaning, removal of all temporary measures and restoration of project site
  - No salvage or surplus material may be sold or burned on the agency project site
  - The contractor shall recycle or properly dispose of all surplus or salvage material