

FWR REQUEST FOR PROPOSAL

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

FWR NUMBER: _____

NEW FWR

MODIFICATION TO FWR

1. TECHNICAL MONITOR:

2. PHONE NUMBER:

3. REQUEST DATE:

4. BRIEF DESCRIPTION:

5. PROPOSAL DUE DATE: (Check approximate category) NOTE: Government's ROM is not binding.

| | ESTIMATED VALUE OF FWR/DO | SCHEDULE | PROPOSAL DUE DATE |
|--------------------------|---------------------------|-----------------|-------------------|
| <input type="checkbox"/> | Under \$10,000 | 5 Working Days | |
| <input type="checkbox"/> | \$10,000 to \$25,000 | 10 Working Days | |
| <input type="checkbox"/> | \$25,000 to \$200,000 | 15 Working Days | |
| <input type="checkbox"/> | \$200,000 | 20 Working Days | |

TO BE COMPLETED BY CONTRACTOR

6. PROPOSAL PREPARER:

7. PHONE NUMBER:

8. PREPARATION DATE:

9. INITIAL PROPOSAL AMOUNT:

10. NEGOTIATED PROPOSAL AMOUNT:

11. CHECK APPROPRIATE PRICING CLASSIFICATION:

PRE PRICED WORK

FIXED LABOR RATES

UNIT PRICE BOOK

SUBCONTRACTOR SPECIALTY SERVICES

12. PROPOSED PERIOD OF PERFORMANCE: (Check appropriate category)

| | AMOUNT OF FWR/DO | SCHEDULE | PROPOSED PERIOD OF PERFORMANCE |
|--------------------------|----------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | Less than \$5,000 | 20 Working Days | |
| <input type="checkbox"/> | \$5,001 to \$15,000 | 25 Working Days | |
| <input type="checkbox"/> | \$15,001 to \$25,000 | 30 Working Days | |
| <input type="checkbox"/> | \$25,001 and Over | Negotiated on Individual Basis | |

FWR ISSUANCE OF WORK

TO BE COMPLETED BY FACILITIES OFFICE PERSONNEL

13.

**WORK IS HEREBY ISSUED FOR THE FIRM FIXED PRICE AMOUNT OF \$ _____
AND THE SCHEDULED COMPLETION DATE OF _____**

14. DELIVERY ORDER NUMBER:

H - _____ D

15. 24-DIGIT FUND CODE:

16. APPROVED

DISAPPROVED

17. SIGNATURE OF APPROVING OFFICIAL:

18. DATE:

19. REASON FOR DISAPPROVAL:

20. PERFORMANCE INSPECTOR:

FWR SURVEILLANCE REPORT

ALL INFORMATION TO BE COMPLETED BY FACILITIES OFFICE

DELIVERY ORDER NUMBER: _____ D
H-

FWR NUMBER: _____

NEW

MODIFICATION

1. SURVEILLANCE PERFORMED BY (NAME):

2. PHONE NUMBER:

3. SURVEILLANCE COMPLETION DATE:

4. DETAILED SURVEILLANCE FINDINGS:

5. LIQUIDATED DAMAGES IN ACCORDANCE WITH CONTRACT CLAUSE E.5:

| | |
|---|--|
| Failure to satisfy FWR/DO requirements by completion dates specified on FWR/DO. | *Subtract _____% from total FWR/DO amount. |
| Failure to avoid unplanned disruptions to building occupants during work performance. | *Subtract _____% from total FWR/DO amount. |
| Failure to provide FWR/DO submittals per contract requirements. | *Subtract _____% from total FWR/DO amount. |
| Failure to provide adequate reporting per requirements listed in contract. | *Subtract _____% from total FWR/DO amount. |

TOTAL AMOUNT DEDUCTED FROM CONTRACTOR'S INVOICE: \$ _____

6. COSS TECHNICAL MONITOR:

7. PHONE NUMBER:

8. DATE:

FUNDING INFORMATION

9. BLANKET DELIVERY ORDER NUMBER:

10. AMOUNT TO BE ADDED BACK INTO BLANKET DELIVERY ORDER:

11. PROJECT MANAGER/RESIDENT MANAGER:

12. PHONE NUMBER:

13. DATE:

14. FACILITIES REVIEW:

15. PHONE NUMBER:

16. DATE:

APPROVAL

16. APPROVED
 DISAPPROVED

17. SIGNATURE OF APPROVING OFFICIAL:

18. DATE:

19. REASON FOR DISAPPROVAL: