**State of Kansas - Specification Front End Data**

Department of Administration, OFPM-DCC

# DCC SPECIFICATIONS COVER AND DOCUMENTS A, B, C, E & DIV. 1 INFORMATION

This form is to be used for projects bidding through the DCC plan room and shall be submitted electronically with the final review documents. Confirm information on this form with the agency before sending to DCC.

**COVER SHEET and related information for:**

## DOCUMENT A - NOTICE TO BIDDERS

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Project |  |  |  |
| Agency  | Building Name | Title of work **(to match form 935 – DCC Project Number/Data Request)** |
| Building Number : |  |
| Project Address: |  | , Ks |
|  | (**REQUIRED** Street address, city and county and zip code) |  |
| DCC Project Number:  |  |  | Document Submittal Date (Month/Year): |  |

List the Architect/Engineer team leader. This person’s name address and phone number will appear on the front cover of the specification manual. List only One.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person Name: |  |  | Title: |  |
| Company Name: |  |
| Company Address: |  |
| City, State & Zip Code |  |
| Telephone Number |  |  | E-mail |  |

*List the final construction estimate..*

Original Construction Budget: $      ; Architect’s/ Engineer’s Final Construction Estimate: $

 **Base Bid Only**

**DOCUMENT B - INSTRUCTIONS TO BIDDERS**

**METHOD OF BIDDING AND AWARDING**

B. A single contract will be awarded for the "Project as a Whole", including the following classification(s) of work:

    

    

DOCUMENT C - FORM OF BID

ALTERNATE BIDS

*If additional alternates are needed provide on a separate sheet Alternates to be provided in whole numbers with no subsets. (Example Alternate 1, Alternate 2, Alternate 3 etc.) Descriptions should be an abbreviated description of what is included in the Division 1 section on alternates,*

|  |  |  |
| --- | --- | --- |
| ALTERNATE NO. 1: |  |  |
| ALTERNATE NO. 2: |  |  |
| ALTERNATE NO. 3: |  |  |
| ALTERNATE NO. 4: |  |  |

 UNIT PRICES

*Unit Prices to be provided in whole numbers with no subsets. (Example Unit Price 1, Unit Price 2, Unit Price 3 etc.) Descriptions should be an abbreviated description of what is included in the Division 1 section on unit prices.*

|  |  |  |
| --- | --- | --- |
| UNIT PRICE NO. 1: |  |  |
| UNIT PRICE NO. 2: |  |  |
| UNIT PRICE NO. 3: |  |  |

MAJOR SUBCONTRACTORS:

 

TIME FOR COMPLETION

Indicate which of the following is applicable for this Project by double clicking on the box and selecting “checked” for the items that apply and indicating either number of days or a date of completion in the space provided.

 The number of calendar days from the Notice to Proceed until final inspection and Owner’s acceptance.

OR

 The calendar date for which the Owner wants to be able to Occupy the building.

STATE TAX:

Sales tax is also covered in Document E – Supplemental General Conditions. Indicate which of the following is applicable for this project by double clicking on the box and selecting “checked” for the items that apply. (Select only one.)







Please identify the primary function of this building:

     

   

SPECIAL REQUIREMENTS:

Indicate which of the following is applicable for this project by double clicking on the box and selecting “checked” for the items that apply.

 

DOCUMENT E - SUPPLEMENTAL GENERAL CONDITIONS

Article 47. INSURANCE

Indicate which of the following is applicable for this project by double clicking on the box and selecting “checked” for the items that apply.







Article 48. LIQUIDATED DAMAGES

*While the amount of liquidated damages generally is difficult to ascertain, it has been determined to set $250 per calendar day is reasonable for the damages the State will suffer as a result of a normal project not being completed on time.*

*If it is felt this particular project if not finished on time will lead to the State incurring additional damages, an effort should be made to ascertain and document what those additional damages will be and the actual costs become the liquidated damages.*

Liquidated damages are established at the rate of Two Hundred Fifty ($250.00) Dollars, per calendar day.

Article 49. WEATHER DAY DATA

Weather days are to be considered included in the contract time. The weather zone for this project is:

If the weather zone is unknown, indicate the county in which the project is located.

DIVISION 1 – SECTION 01 0000

*List the primary contact within the agency that will be responsible for arranging site visits and providing information the bidders*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Person Name: |  |  | Title: |  |
| Company Name: |  |
| Company Address: |  |
| City, State & Zip Code |  |
| Telephone Number |  |  | e-mail: |  |

DIVISION 1 - GENERAL REQUIREMENTS

DCC is typing and supplying Section 01 0000 State of Kansas Requirements.

*Note to the architect/engineer: Along with the technical specifications, the project architect/engineer is responsible for typing and supplying all remaining Division 1 sections to supplement DCC’s Section 01 0000. The remaining Division 1 sections may include, as applicable to the project, the following and shall be located as applicable.*

* Items to be salvaged by the Owner:
* Items furnished by the Owner to be installed by the Contractor
* Drawing sheet index, not required in specification if provided on the cover sheet of the drawings.
* Alternate Bds
* Unit Prices
* Allowances
* Temporary Utilities
	+ Use owners existing service or contractor provided
	+ Owner’s phone may only be used for local calls
* Contract close out (please include the following)
	+ Include information on delivery of spare parts, tools, extra materials etc.
	+ Include information on final cleaning.
	+ Include information on warranties.
	+ Contractor supplied punch lists do not relieve the architect/engineer from providing one of their own after inspections are completed.