



Facilities Planning Policy & Procedure #20

TITLE: **MINOR PROJECTS**

OBJECTIVE AND PURPOSE To establish a procedure for proper initiation, implementation, filing and closeout for projects included on the Facilities Planning Minor Project List.

RESPONSIBILITY **ACTION**

- USER** ♦ A user may initiate a request for a minor project by submitting a properly filled-out Minor Project Request form (***Attachment "A"***) to Facilities Planning –or-
- DIRECTOR** ♦ May initiate a minor project based on the University's Minor Project list, emergency, or other University requirement.
- ASSOCIATE DIRECTOR** ♦ Receive Project Request form, reviews for completeness of information including budget and all signatures, assigns a project number (P-number) and a Project Coordinator, records the project in the Minor Project Log book and Database, and forwards the Project Request form to the Senior Executive Secretary and forwards a copy to the assigned Project Manager.
- SENIOR EXECUTIVE SECRETARY** ♦ Create a project file folder and gives original Project Request form to the Project Coordinator. Forwards copies of the Project Request form to User and another copy to Physical Plant Director for assignment of a Physical Plant (PP) representative. When the document is returned from PP give copy to Project Coordinator to record in Minor Projects Database.

IMPLEMENTATION

- PROJECT COORDINATOR** ♦ Within 5 days from date the Project Manager is assigned the project, contacts the user to advise them that their project request has become a project and schedule a meeting to verify the project requirements.
- ♦ After reviewing the project requirements, budget, schedule, and consulting (if needed) with the Associate Director or Director, determine whether to develop construction documents in-house, use Continuing Service A/E consultants, or a combination of both.
- ♦ If using Continuing Service A/E consultants, obtain a proposal which will include the following information:
1. Project Coordinator's name.
 2. Project name & P-number.
 3. A description of the project scope.
 4. Hourly breakdown of services to be provided and whether hourly Not-to-Exceed or Lump Sum.

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APPROVED:	Vice President	Associate VP	Director

5. A list of deliverables, if needed (a small project having only 1 or 2 submittals will not need this identified).
6. Estimated schedule to produce the A/E work.
7. Estimated construction cost for the project.

- ◆ Prepare a Purchase Order Requisition (POR) form using the internal FAU form located at the department website. Attach the A/E's proposal to the original POR.
- ◆ If the account paying for the work is a user account, the POR and attached back-up is given to the user who will fill-in the account number and provide the authorized signature and forward to Purchasing for issuance of the Purchase Order (PO).
- ◆ If the account is a Facilities Planning minor projects account, provide the account number on the POR form and forward to the Associate Director.

ASSOCIATE DIRECTOR

- ◆ Review the POR for form and content, initials approval and forwards for typing.

SENIOR EXECUTIVE SECRETARY

- ◆ Type POR (or enters electronically) then forward to accountant.

ACCOUNTANT

- ◆ Verify that the account listed is acceptable for the project type and that funds are available.
- ◆ Initials the POR and forward to the Director.
- ◆ Review the POR for overall form and content and initials the POR.

DIRECTOR

- ◆ Review for overall form and content.
- ◆ Sign, date, and return to Accountant for processing through the FAU Purchasing Department.

PROJECT COORDINATOR

- ◆ Keep User informed of the progress of the project.
- ◆ Coordinate the construction documents to assure that User needs are properly addressed.
- ◆ Review A/E submittals for completeness and code compliance.
- ◆ Fill out the Preliminary Minor Project Checklist (**Attachment "B"**) and forward copies to IRM, Physical Plant, Utilities, and EH&S.
- ◆ Fill out the Request for Asbestos Verification (**Attachment "C"**) form and forward to EH&S.
- ◆ Coordinate the A/E's compliance with the department Policy & Procedure #16, Code Compliance & Construction Permit Administration.
- ◆ Arrange for construction quotation(s), bid, or GMP as appropriate for the project.
- ◆ Prepare a POR using the internal FAU form located at the department website. Attach the contractor's bid/proposal/GMP to the original POR (see previous description of PO procedure above).

CONSTRUCTION MANAGER/CM

- ◆ Submit CM Monthly Blanket Performance & Payment Bond Report (**Attachment "D"**), and CM Monthly Project Status Report (**Attachment "E"**), on or before the 5th of each month.
- ◆ When required, apply for a construction permit in accordance with FP#16, Code Compliance & Construction Permit Administration.

ADMINISTRATIVE OFFICE COORDINATOR

- ◆ Verify that construction quotations include bonds to comply with the following:
 - a. Construction amount below \$25,000: No Bond required.
 - a. Construction amount between \$25,000-\$50,000: Use the Blanket Bond if quotation is from a continuing service CM. A separate Bond is required if the quotation is from a Contractor not on continuing service contract.
 - c. Construction amount over \$50,000: A separate Bond is required.
- ◆ Review Contractor or CM's bonds and insurance documents for compliance and transmit as necessary to Insurance Consultant for review and approval.

- ◆ Confirm that projects listed on the continuing service CM's Monthly Blanket Performance & Payment Bond Report (**Attachment "D"**) do not exceed the capacity of the executed blanket bonds.

**CODE COMPLIANCE
COORDINATOR**

- ◆ Verify insurance coverage and licenses are current for the contractor selected to do the work, or CM, during the term of the project.
- ◆ Coordinates the code review and inspection for projects requiring a construction permit in accordance with FP#16, Code Compliance & Construction Permit Administration.

**PROJECT
COORDINATOR**

- ◆ Coordinate construction schedule with User, Contractor, PP and A/E.
- ◆ Review and approves contractor's pay applications.
- ◆ Arrange for Dig Permits if appropriate.
- ◆ Perform periodic construction observations.
- ◆ Coordinate site inspections to determine project completion in conjunction with A/E, PP, EH&S, and User (as applicable). Prepare a Minor Project Certificate of Completion (**Attachment "F"**). Sign, date, and obtain PP signature. Original goes into project file, and a copies to PP & EH&S.

CONTRACTOR/CM

- ◆ Upon satisfactory completion of the project, submit request for Certificate of Occupancy and a Certificate of Completion with final Pay Request where a permit has been issued (Ref. Facilities Planning Policy & Procedure #16)

ATTACHMENTS

- ◆ **Minor Project Request Form – Attachment "A"**
- ◆ **Preliminary Minor Project Checklist - Attachment "B"**
- ◆ **Request for Asbestos Verification - Attachment "C"**
- ◆ **CM Monthly Blanket Performance & Payment Bond Report - Attachment "D"**
- ◆ **Minor Project Monthly Status Report – Attachment "E"**
- ◆ **Minor Project Certificate of Completion – Attachment "F"**

**FACILITIES PLANNING
PROJECT REQUEST FORM**

(For requesting work through Facilities Planning)

<p>Thank you for requesting work through Facilities Planning. Please provide all information required below, obtain the signature of your Dean / Director and Vice President, then forward to: Facilities Planning Department, COB#69, Room 107, Attention: Associate Director.</p> <p>Your project request will be reviewed and assigned a project number and coordinator, and a copy will be returned to you at the address you have provided below. The assigned coordinator will contact you regarding the specific details of your project, as soon as they become available.</p>	<p style="text-align: center;">FOR FACILITIES PLANNING USE</p> <p style="text-align: center;">P-</p> <hr/> <p style="text-align: center;">PROJECT NUMBER</p> <hr/> <p style="text-align: center;">ASSIGNED COORDINATOR</p> <hr/> <p style="text-align: center;">/</p> <p style="text-align: center;">ASSOCIATE DIRECTOR / DATE</p> <hr/> <p style="text-align: center;">PHYSICAL PLANT REPRESENTATIVE</p>
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Requesting department must complete this section.

**REQUESTOR'S
INFORMATION:**

Requestor's Name: _____ Date: _____

Requestor's Campus Address: _____

Requestor's Telephone Number: _____ Fax No.: _____

Requesting Department Name: _____

PROJECT INFORMATION:

Building: _____ Room Number(s): _____

Budget: _____

Description of work being requested:

Departmental and Divisional Approvals:

The requested work has been reviewed and is approved. It is understood that funding for this project is the responsibility of the requesting department. Approval is required of **both** the department Dean / Director **and** the Vice President.

Dean / Director: _____ Date: _____

Vice President: _____ Date: _____

ATTACHMENT "A"

**FACILITIES PLANNING DEPARTMENT
PRELIMINARY MINOR PROJECT CHECKLIST**

TO: _____
 IRM _____
 PHYSICAL PLANT _____
 UTILITIES _____
 EH&S _____

DATE: _____
 PROJECT NO: _____
 PROJECT NAME: _____
 BLDG.ROOM(s): _____
 FP COORDINATOR: _____
 USER CONTACT: _____

ANTICIPATED
 START DATE: _____

LENGTH OF CONSTRUCTION: _____

SYSTEMS ANTICIPATED TO BE AFFECTED BY THIS PROJECT:

FLOOR	<input type="text"/> N/A	<input type="text"/> Unfin.Conc.	<input type="text"/> V.Tile	<input type="text"/> Sht.Vin. other _____	<input type="text"/> Carpet
BASE:	<input type="text"/> N/A	<input type="text"/> Vin/Rubber	<input type="text"/> cer.t.	<input type="text"/> other _____	
WALLS	<input type="text"/> N/A	<input type="text"/> Gyp.Bd.	<input type="text"/> Plaster	<input type="text"/> Conc.Blk other _____	<input type="text"/> Conc.
CEILING	<input type="text"/> N/A	<input type="text"/> Lay-in	<input type="text"/> AC.T	<input type="text"/> Gyp.Bd. other _____	
ROOF	<input type="text"/> N/A	<input type="text"/> B.U.R	<input type="text"/> Mod.Bit	<input type="text"/> Sin.Ply. other _____	
MECH	<input type="text"/> N/A	<input type="text"/> A/C	<input type="text"/> Exh.	<input type="text"/> other _____	
PLUMBING	<input type="text"/> N/A	<input type="text"/> Water	<input type="text"/> Drain	<input type="text"/> other _____	
ELECT	<input type="text"/> N/A	<input type="text"/> Power Volt.	<input type="text"/> Tel.	<input type="text"/> Data other _____	<input type="text"/> TV
SITE	<input type="text"/> N/A	<input type="text"/> Irr.	<input type="text"/> Asph.	<input type="text"/> Conc.	<input type="text"/> Lights
	<input type="text"/> Earth	<input type="text"/> Sod	<input type="text"/> Water	<input type="text"/> Sewer	<input type="text"/> Stormdrain
	<input type="text"/> Power	<input type="text"/> Data	<input type="text"/> Tel	<input type="text"/> other _____	
	EMERG/FIRE	<input type="text"/> N/A	<input type="text"/> Alarm	<input type="text"/> Sprinkler	<input type="text"/> Gen. other _____

pc: Facilities Planning/Space Utilization
 files

ATTACHMENT "B"

**FACILITIES PLANNING
REQUEST FOR ASBESTOS VERIFICATION**

DATE:	REQUEST NO.: (to be assigned by EH&S)
COORDINATOR MAKING REQUEST:	DEPARTMENT:
BUILDING(s):	ROOM(s):
TYPE OF WORK:	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Maintenance <input type="checkbox"/> Other

DESCRIPTION OF WORK: (Attach an outlined blueprint or describe in words which building components will be involved, i.e. floors, walls, ceiling, doors, etc.)

TO BE COMPLETED BY ENVIRONMENTAL HEALTH AND SAFETY

<input type="checkbox"/>	Based on the current survey information available, no asbestos containing building materials are involved in this project as described above.
<input type="checkbox"/>	The Project involves areas not covered by current survey information. A survey is required and we estimate the cost of the survey to be : _____
<input type="checkbox"/>	The project involves areas not covered by current survey information available. A survey is required. Therefore, we will request a proposal for the required survey. The completed survey will be Forwarded to you upon receipt.
<input type="checkbox"/>	According to current survey information, asbestos containing building material is involved in this project. Unless notified otherwise, we will request a proposal for a response action or an abatement and forward it to you upon receipt.
ADDITIONAL INFORMATION: _____	

DATE:	ENVIRONMENTAL HEALTH & SAFETY ASBESTOS COORDINATOR:
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ATTACHMENT "C"

* This form is to be completed on the Contractor's letterhead *

CONTRACTOR'S CONSTRUCTION STATUS REPORT NUMBER: _____

For the Month of: _____

To: FAU Project Manager's name

Re: FAU Project No. _____
FAU Project Title: _____

<u>Construction Status:</u>	<u>Amount</u>	<u>Days</u>
Original Contract:	_____	_____
Approved Change Orders prior to this month:	_____	_____
Approved Change Orders this month-only:	_____	_____
Present Contract Totals:	_____	_____

Amount billed to date (_____) / Total contract amount (_____) = _____ %
Completed days (_____) / Total contract days (_____) = _____ %

Total number of RFI's prior to this month: _____ Total number of RFI's this month-only: _____

Status of responses to RFI's:

Pending Change Orders:

General overall status of the project:

Action required by FAU:

Action required by Architect/Engineer:

Project is on schedule: Yes _____ No _____

Contractor's representative: _____ Date: _____

Note: Above form is to be used on projects over \$250,000. CM shall submit a spreadsheet format summary of all minor projects monthly with at least the following information: FAU project name and project number, original GMP amount, estimated or actual cost at completion, and status/remarks.

ATTACHMENT "E"

**FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FLORIDA 33431
CERTIFICATE OF CONTRACT PERFORMANCE
_____ PARTIAL _____ FINAL**

**Vendor shall submit this form and invoice IN DUPLICATE to:
Florida Atlantic University, Facilities Planning Department, COB#69-Rm.107, 777 Glades Road,
Boca Raton, Florida 33431**

Vendor Name: _____

Purchase Order No.: _____ **Purchase Order Amount: \$** _____

Amount due this Invoice: \$ _____ **FEID No. Or SS No.:** _____

Services: _____

Project No.: _____ **Project Name:** _____

CONTRACTOR'S AFIDAVIT

I certify that the work under the above named Contract/Purchase Order, and all Amendments thereto, have been satisfactorily completed, as indicated above. All materials, labor, and other charges have been paid in accordance with the terms of the contract. No liens have been attached against the project. No suits are pending by reason of work on the project under the contract. All workers' compensation claims have been settled. No public liability claims are pending, except as follows.

STATE OF _____ **COUNTY OF** _____

Subscribed and sworn to before me this _____ **day of** _____, **20** _____ **by**

Signature of Person Acknowledged **Typed or Printed Name**

Title **Vendor Name**

who is personally known to me _____, **or has produced identification** _____
(type of identification)

Notary Signature **SEAL:**
My Commission Expires:

CERTIFICATE OF SUPERVISING ARCHITECT OR OWNER

(To be completed by Florida Atlantic University)

I certify that the work under the above named Contract/Purchase Order has been satisfactorily completed, and payment is recommended as indicated herein. If this is an approved FINAL Payment Request, the project has been inspected, it is complete in accordance with the terms and conditions of the contract and is certified for occupancy. The Contractor has submitted satisfactory evidence that all labor, materials, and other charges against the project have been paid in accordance with the terms of the Contract.

Total Contract Amount	\$ _____ % _____	By: _____
Previously Paid	\$ _____ % _____	FAU Authorized Signature
Due this Payment	\$ _____ % _____	
Balance Due	\$ _____ % _____	Payment No. _____

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ATTACHMENT "F"