|  |  |  |  |
| --- | --- | --- | --- |
| Agency: | Agency Contact: | | Agency Phone Number |
| Facilities Manager Contact: | Contact Email: | | |
| CAMIS Project “J” Number | CAMIS Site Code | | CAMIS Building Number: |
| DCAMM Project Number & Phase (XXX#### XX#) | | DCAMM Project Name: | |
| Project Description | | | |
| ISA Start Date | ISA End Date | | Amount Transferred: $ |

|  |  |  |
| --- | --- | --- |
| 1. Office of Access & Opportunity Requirements: (Supplier Diversity Office SDO) | | |
| Did Advertisement include MBE & WBE goals? | Yes  No  Comments: | |
| Date of Advertisement: |  | |
| What were the goals? | MBE:       WBE: | |
| Were goals met? | Yes  No | Comments: |
| Was compliance data submitted to SDO? | Date Submitted: | |

|  |  |
| --- | --- |
| 2. CAMIS Requirements | |
| Have you updated the status on the J # record? | Yes  No |
| Have you contacted the CAMIS team to update the Equipment, Building, and Building System Condition (Conveying, Plumbing, HVAC, Fire Protection? | Yes  No |
| Has the CAMIS Data Collection Form been provided back to CAMIS with all updated systems and equipment/maintenance and warranty information? | Yes  No |
| Have you made final updates to the cash flow projection report? | Yes  No |

|  |  |  |
| --- | --- | --- |
| 3. Construction/Continuing Operations and Maintenance (O&M) Requirements | | |
| All Associated permits signed off? (List) | Yes  N/A | Comments: |
| Has all work on the punch list been completed? | Yes  No | Comments: |
| Have you filled out and submitted the House Doctor evaluation form in Autocene? | Yes  No | |
| Have you filled out and submitted the Prime contractor and Subcontractor Evaluation Forms for all filed sub-bid subcontractors? form? (Completed evaluation forms must be emailed to [certeval.dcamm@mass.gov](mailto:certeval.dcamm@mass.gov) ) | Yes  No | |
| Have you discussed your evaluation of this project with the House Doctor? | Yes  No | |
| Have you checked the current status of the House Doctor’s contract to determine if additional fee/time are available for future related projects or is a new House Doctor contract required? | Yes  No | |
| Have you established O&M contracts for the maintenance of new equipment installed as part of the project (i.e. condensing boiler, water source heat pump(s), emergency generator, etc.) that in-house staff is not able to maintain in conformance with the manufacturer’s warranty? | Yes  No | |
| Has all required O&M training been provided to in-house staff in order to maintain the manufacturer’s warranty on new equipment installed as part of the project? | Yes  No | |
| Using the ISA Start date as the start of the project, how many days did this project take? | Days | |

|  |  |  |
| --- | --- | --- |
| 4. Accessibility (521 CMR) | | |
| Did the project trigger additional accessibility improvements beyond the planned scope of work? | Yes  No | |
| Were any required improvements identified in the study not carried out to completion? If yes, why? | Yes  No | Comments: |
| Has there been a 3rd party Review?  Name: | Yes  No | |
| Was a Variance granted by MAAB for any of the work? Attach the full MAAB variance submission and MAAB decision. | Docket #:      Expiration date: | |

|  |  |  |
| --- | --- | --- |
| 5. DCAMM Documents Requirements | | |
| Have the following digital copies of the following documents been sent to DCAMM? ([recordsmanagement.dcamm@mass.gov](mailto:recordsmanagement.dcamm@mass.gov) ) | Yes  No | Comments: |
| * Record Drawings | Yes  No  N/A | |
| * As-Built Sketches | Yes  No  N/A | |
| * Contract Specifications + Addenda | Yes  No  N/A | |
| * Technical Submittals | Yes  No  N/A | |
| * O+M Manuals | Yes  No  N/A | |
| * Warranties | Yes  No  N/A | |
| * Extended Guarantees | Yes  No  N/A | |
| * Equipment Schedules | Yes  No  N/A | |
| * BIM | Yes  No  N/A | |
| * Geotech/GIS Survey Data/Boring Logs | Yes  No  N/A | |
| * Environmental/HAZMAT Studies/Analysis Report * Preventative Maintenance Plans * Final MEP and Envelope Commissioning Report * CAMIS Data Collection Form | Yes  No  N/A  Yes  No  N/A  Yes  No  N/A  Yes  No  N/A | |
| * Study | Yes  No  N/A | |
| * RFR | Yes  No  N/A | |

|  |  |
| --- | --- |
| 7. Finance | |
| Agency Confirms that all bills have been paid. | Yes  No  Comments: |
| Were there additional funding Sources? | Please list dollar amount: $ |
| What is the total of Expended Funds? | $ |
| Confirm that Project number and Phase have been properly entered into MMARS for all payments and encumbrances. | Yes  No  Comments: |
| Total Amount of ISA | $ |
| TPC | $ |
| Unexpended | $ |
| Table BQ87 Level 4-Attached | Yes  N/A |

By signing this form, the Project Manager or Facilities Director acknowledges that the information is accurate and, authorizes the return of all unexpended funds to DCAMM.

Print Name: Signature: Date: .