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| 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: $        |

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| 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:       |

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| 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 [ ]  |

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| 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 ) | 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 |

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| 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:      |

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| 5. DCAMM Documents Requirements |
| Have the following digital copies of the following documents been sent to DCAMM? (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 [ ]  |

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| 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: .