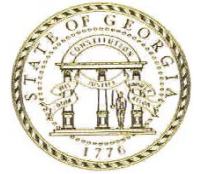




Georgia State Financing and Investment Commission
Agency Request Form for Construction Procurement Services and/or
Project Related Services for Agency Public Works Construction Projects



Please type (or print) the following information:

| |
|--|
| Name of Requesting Agency/Division: |
|--|

| |
|--------------------------|
| Telephone Number: |
|--------------------------|

| |
|--------------------|
| Fax Number: |
|--------------------|

| |
|------------------------|
| E Mail Address: |
|------------------------|

| | | |
|--|--|--|
| Name of Agency Principal Requestor: | Name of Agency Project Contact: | Agency Project Contact Address: |
|--|--|--|

| |
|---|
| Project Number - Description of Proposed Construction Project and Address: |
|---|

Type of Project:

| | |
|---|---|
| Design Professional/Engineer (DP/E) Company Name, Contact Name &Address: | Design Professional /Engineer (DPE) Phone Number E-mail: |
|---|---|

| | | |
|---------------------------------|--------------------------------|--|
| Proposed Funding Source: | Estimated Project Cost: | Project-Related Contracts Currently Held by Agency: |
|---------------------------------|--------------------------------|--|

Agency Documents Currently Developed/Available – Please submit with this form

How will Project Manual/Specs/Plans be distributed?

| | |
|---------------------------------|--------------------------|
| Pre-Bid Date & Time: | Pre-Bid Location: |
|---------------------------------|--------------------------|

| | | |
|---|------------------------------|--|
| Liquated Damages Amount, if any: | Number of Alternates: | Numbers of Days to Material "Completion By" Date: |
|---|------------------------------|--|

TYPE OF GSFIC SERVICES REQUESTED: This request is submitted to the GSFIC for services or assistance in the Agency's construction-related needs as indicated below (check all that apply)

***Please Attach Additional Information on Services Requested if "Other" is selected above.**

AGENCY AUTHORIZATION: The undersigned representing the stated Agency cited above is requesting the specified GSFIC services for a Public Works Construction project which the Agency has officially determined as necessary. We understand that all services provided by the GSFIC shall be performed in accordance with State of Georgia laws and regulations and as prescribed by GSFIC. We agree to provide available documents as requested by GSFIC including assurances of funding availability for the prospective project. We agree to immediately provide notice to GSFIC of changes to our project contact staff or any available information which might assist in project success. I certify that I am fully authorized by my Agency to hereby request the services from GSFIC and understand that the appropriate GSFIC representative will contact my Agency within 2-3 working days to coordinate project services.

| | | |
|------------------|--|-------------|
| SIGNATURE | TITLE OF AUTHORIZED AGENCY REPRESENTATIVE | DATE |
| | | |

For Procurement Use Only:

| | | |
|------------------------|--|--------------|
| Assign To: | | Date: |
| Project Number: | | |

PLEASE SUBMIT FORM TO CASSANDRA ZUBER, GSFIC BID MANAGER (cassandra.zuber@gsfic.ga.gov)