

PROJECT FORMS

WHO		New	PF#	TITLE	CONTENTS	FILE
					"+" = stand alone dB needed	
OOP			A	Prospect Data		FF/FB
OOP			B	Pre-Project Evaluation		FF/FB
OOP			1	Time Card Data	Fundamental Data	FF/FB
PIC			2	Accounting Data	Accounting Data	FF/FB
PIC			2B	Letter of Engagement	Information for Invoicing	FF/FB
PIC/PX			3	Billing Data		FF/FB
PIC/PX			4	Contract Data	Info for completing contract & type	FF/FB
PX/PM			5	Design Budget	Design Budget Information	FF/FB
PIC/PX			6	Project Team	Who participated & their role	FF/FB
PX/PM			7	Consultants	Who consultants are	FF/FB
PM			8	Professional Liability Ins. Data	+ PLI data	FF/FB
PM	LJH		9	Project Data Sheet	Statistics & Description	FF/FB
PM/PA			10	Construction Cost	+ 16 Div. Breakdown + CO's, \$/SF/A,M/E,SOILS	FF/FB
PM/PA			11	Shop Dwg. Checklist		FS
PM/PA			12	Change Orders	Number, descriptions, amounts, cause	FF/FB
PIC/PM			13	Post Project Evaluation		FF/FB
PM	LJH		14	Project History/Financial Performance/Schedule	Milestones & Financial Stats	FF/FB
PM	LJH		15	Marketing Data	Other stuff not covered elsewhere	FF/FB
PM			16	Archived Documents	+ What we have & where it is	
	FWW		17	Deliverables & Std. Costs		FF/FB

PROJECT FORM A - PROSPECT DATA

PROJECT NUMBER	
PROJECT NAME	
DATE	
CONTACT	
SECRETARY	
SALUTATION	
COMPANY	
STREET	
CITY	
STATE	
ZIP	
COUNTRY	
OFFICE PHONE	
HOME PHONE	
MOBILE PHONE	
OFFICE FAX	
E-MAIL	
WEB SITE	
PROSPECTOR	
PROJECT	
COST	
FEE	
LAST CONTACT	
NEXT CONTACT	
COMMENTS	

PF B
Pre-Project Evaluation

Project: _____
 Location: _____
 Client / Owner: _____
 Type of Contract: _____

Proj. No.: _____
 Date: _____
 Est. Fee: _____
 Eval. By: _____

PROJECT TEAM MEMBERS

	Client		Owner		CM	
	Yes	No or Don't Know	Yes	No or Don't Know	Yes	No or Don't Know
1. Does this project team have sufficient experience for this type of project?						
2. Is this party financially stable and/or do they have a clear credit rating?						
3. Does this party have a relatively claims-free history?						
4. Does this party have a good reputation in the community?						

PROJECT CONSIDERATIONS

	Yes	No or Don't Know
5A. Does our Team have experience with this project type?		
5B. Does our firm have a proven track record with this client?		
6. Is the fee determined by negotiations rather than bidding?		
7. Do we have adequate human resources?		
8. Is there an adequate scope of services?		
9. Is construction review included?		
10. Is the project free of unfamiliar code requirements?		
11. Is the project located in a geographic area where we have experience?		
12. Is the schedule realistic?		
13. Will the project design be completed before construction begins?		

FUNDING

	Yes	No or Don't Know
14. Is this project adequately funded?		
15. Are funds for unexpected contingencies included?		
16. Can this project be realistically designed within budget?		

KNOWLEDGE OF CONTRACT WITH OWNER

	Yes	No or Don't Know
17. Is a mediation clause included?		
18. Is a limitation of liability clause included?		
19. Are any clauses with special insurance requirements reasonable?		
20. Is there a requirement for sub's insurance?		
21. Are the end-users' requirements clearly stated?		

HIGH RISK PROJECTS

		Check the types of projects that apply
22.	a. Condominiums.	
	b. Production housing.	
	c. Developer project commercial building over nine stories.	
	d. Commercial building over nine stories.	
	e. Renovation project.	
	f. For inspection only.	
	g. Municipal building.	
	h. New technology is needed.	

RISK IDENTIFICATION RESULTS

	Number of checks under "No or Don't Know"
PROJECT TEAM MEMBERS	
PROJECT CONSIDERATIONS	
FUNDING	
KNOWLEDGE OF CONTRACT WITH OWNER	
	Number of checks
HIGH RISK PROJECTS	
TOTAL	

OTHER RESISTANCES

	1	2	3	4	5
From 1 to 5 (low to high) rate the Project:					
Wrong type -- Perfect type					
Too small -- Perfect size					
Too large -- Perfect size					
Unprofitable -- Profitable					
No fun -- Exciting					
Low status -- High status					
Aesthetic embarrassment -- Aesthetic opportunity					
Too far away -- Geographically perfect					
Opposite to goals -- Ideal for firm					
Heavy competition -- No competition					
Pipe dream -- Real and specific					
TOTAL SCORE (of 55)					

Considering the score, and if there are checks in any category, consider.

- 1 Take the project as offered.
- 2 Take the project only after negotiating any mitigating factors
- 3 Turn down the project

Describe how the identified risks will be mitigated:

TIME CARD DATA

(PF 1)

PROJECT NUMBER _____

PROJECT NAME _____

PROJECT TYPE: Regular General Office Promotional

FORMAT: New Project New Sub-Project Task

INITIAL LABOR CODE:

- A01 Pre Design
- A02 Site Analysis
- A03 Schematic Design
- A04 Design Development
- A05 Construction Documents
- A06 Bidding/Negotiations
- A07 Construction Administration
- A08 Post Construction
- A09 Special Services
- A00 General = Other

Date Submitted: _____

Date Returned: _____

Date Entered: _____

Next Form Submitted

ACCOUNTING DATA (PF 2)

PROJECT NUMBER _____

PROJECT NAME _____

CLIENT (organization): _____

CONTACT (person): _____

Street/P.O. Box: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Submit Letter of Engagement: Yes No Initials: _____

Resubmit in _____ days.

Date Submitted: _____

Date Returned: _____

Date Entered: _____

Next Form Submitted

LETTER OF ENGAGEMENT (PF 2B)

INSTRUCTIONS:

Complete the information below and change the introductory paragraph if needed. This information (along with the data for PF-2) will be used to craft a letter of engagement. It is intended that we have a letter of engagement for every project unless no work will be performed by us until a contract is signed.

PROJECT DESCRIPTION:

Dear:

This is our standard letter of engagement. We are beginning work on the above at our standard hourly rates. If you disagree with anything contained within this letter, please contact us right away. Once the preliminary planning and project organization is complete, a more defined fee can be arranged for the balance of the work. Below are the terms and conditions which will cover this engagement. Please review the agreement and return one signed and initialed copy in the enclosed envelope.

BILLING INFORMATION

(PF 3)

Project Number _____
Project Name _____

Bill To: Client Contact? Yes No, use below Send Copy of Invoice to Below:

Invoice Recipient: _____

Organization: _____

Street/P.O. Box: _____

City/State/Zip _____

Place "For" Comment on Invoice: No Yes If Yes

BILLING TYPE:

- Bill for Initial Payment of \$ _____
- Lump Sum, Total Amount = \$ _____
- Percent of Construction Cost. Percent = _____ % Est, if constr Cost: \$ _____
- Hourly Rates Use Standard Rates Hide Labor Detail
- Use Custom Rates:

FWW _____
AAL _____
REB _____

- Gmax, Limits Are: Labor _____
Reimb _____
Fee _____
Remb.in-house _____
TOTAL _____

PROJECT FORM 3 - Billing Information

- Tasks
- Phases
- Use Standard Phases & Percentages (SD=15%; DD = 20%; CD=40%; B/N=5%; CA=20%)
- Use Custom

PHASE OR TASK NAME	%	Lump Sum	G Max Limit	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

See Page 3 for additional Phases or Tasks

- Consultants Treat As: Direct Expense (Set aside _____ % of fee)
 Reimbursable x 1.1 or _____
- Reimbursable Expenses: Yes x 1.1 or _____
 Hide Detail _____
- Interest Charges: Yes 1% per month or _____
 Grace Period of 45 days or _____ NO

Contract Information:

- A. Rely on Letter of Engagement
- B. Use Standard Office Agreement
- C. Use AIA B141
- Use KY Version w/Alternative:
- III (Reimbursable Expense)
- I (Limit to %)
- III (Special Policy as Reimbursable)
- Other

Revisions: _____

Date Submitted: _____
 Date Returned: _____
 Date Entered: _____

Next Form Submitted
 Resubmit in _____ days

CONTRACT INFORMATION

(PF 4)

PROJECT NUMBER

0

PROJECT NAME

0

Fill out either B-Standard Office Agreement (front) or C-AIA B141 (back)

B – Standard Office Agreement:

Date of Contract _____

Project Name/Location:

Scope/Intent and Extent of Services:

Fee Arrangement:

Special Conditions:

It is impossible for us to state that our design will comply with ADA because the requirements for compliance with ADA are vague. However, we will endeavor to meet the requirements of ADA.

Our services do not include any consideration of the balance of the existing facility's compliance with the Kentucky Building Code.

Wherever not in conflict with this agreement, the provisions of AIA document B141 shall apply.

O/A AGREEMENT AIA B141, 1987 edition

DATE:

OWNER:

FOR THE FOLLOWING PROJECT:

The Owner shall compensate the Architect as follows:

11.1 AN INITIAL PAYMENT of Dollars

11.2.1 FOR BASIC SERVICES COMPENSATION SHALL BE COMPUTED AS FOLLOWS:

(insert basis of compensation, including stipulated sums, multiples of percentages, and identify phases to which particular methods of compensation apply, if necessary)

11.2.2

Schematic Design Phase _____ %

Design Development Phase _____ %

Construction Documents Phase _____ %

Bidding or Negotiation Phase _____ %

Construction Phase _____ %

11.3 Compensation for Additional Services shall be computed as follows:

11.3.2 Additional Services of the Architect....

11.3.3 For Additional Services of consultants..... A multiple of times the expense..

11.4.1 For Reimbursable Expenses.... A multiple of times the expenses....

11.5.1 If the Basic services covered by this agreement have not been completed within months

11.5.2 Payment are due and payable days from the date of the Architect's invoice.

Amounts unpaid days after the invoice shall bear interest at the

rate of

ARTICLE 12 - OTHER CONDITIONS OR SERVICES:

DESIGN BUDGET (PF 5)

Project Number: _____

Project Name: _____

% Set Aside for Consultants _____

No Design Budget per _____ (initials)

Gross Fee (G)	
Profit % (BOF=3.33)(P)	20%
Profit (P)=G * %	-
Direct Consultants (B)	0
Other Direct Exp. (C)	0
Net Fee (N)=(G)-(P)-(B)-(C)	-
OH Factor (OF)	2.78
Labor Budget (A)=(N)/(OF)	-
Overhead - (N)-(A)	-

PHASE/ TASK	DESCRIPTION	LABOR				RATES		
		HOURS	AMOUNT	FEE	%		LABOR	BILL'G
				0		FWW	29.79	110
				0		LJH	29.79	110
				0		AAL	22.87	85
			-	0		REB	22.87	85
			-	0		ABS	20.87	80
			-	0		ARC	20.87	80
			-	0		DMK	19.71	75
			-	0		EMG	17.55	70
			-	0		JEF	12.48	50
			-	0		Avg Rate	21.87	82.78
TOTAL (A)			-	0		Rate Used		

DIRECT EXPENSES

ACC	DESCRIPTION	STD%	BUDGET	ACTUAL		SUBTOTALS
611.00						
612.00						
614.00						
617.00						
615.03						
615.02						
615.06						
615.09						
615.10						
615.11						
615.04						
615.12						
615.00						
SUBTOTALS (B)			0			

621.00	Travel/Meals/Lodging					
622.00	Reproductions					
623.00	Models/Rendering/Photos					
624.00	Long Distance Telephone					
629.00	Miscellaneous Dir. Exp.					
SUBTOTALS (C)			0			

Re-submit in _____ Days Date Submitted: _____

Date Returned: _____

Next Form Submitted

Date Entered: _____

PROJECT TEAM

(PF 6)

PROJECT NUMBER 0
PROJECT NAME 0

ROLE DEFINITIONS

The following definitions describe roles that need to be filled for each and every project. The demarcation between roles may often overlap and/or vary from project to project – for example, the OOP & PIC may often be the same individual on a project, as may the PM and PA/PD.

OOP – Originator of Project – The Person who...

1. brings the project/client into the firm

PIC – Principal in Charge – The Person who...

1. oversees the Pre-Design Phase development – defines Scope of Project/Objectives with Client, and monitors compliance with those objectives throughout the project
2. is responsible for managing the Client - reports to, exchanges information with, and is responsible to the Client. PIC Client contact is : _____
3. authors the Owner/Architect Agreement
4. offers suggestions on the make-up of the design team

PX – Project Executive – The Person who...

1. is responsible for organizing design teams – including consultants
2. monitors and assists in the design team's development of project pre-planning, design budgets, and design schedules
3. monitors and assists in the design team's development and maintenance of estimates of probable construction for each phase of each project
4. assists and coaches the design team in technical aspects of detailing, and specifying work and materials
5. is responsible for monitoring and coordinating schedules of all projects with the manpower available to meet project deadlines
6. establishes and maintains systems to improve consistency, clarity and quality in all our work, as well as to improve efficiency and profitability
7. is responsible to keep the PIC's informed of progress/problems
8. is responsible for final review of Contract Documents

PM – Project Manager – The Person who...

1. is responsible for achieving client and firm objectives on the project
2. is responsible for the clarity and completeness of the work of the design team – including consultants is the primary communication link between the Client and the Design Team. PM Client Contact is: _____
3. is responsible for the way the work gets done – including schedule and budget issues – both design and construction
4. is responsible for the Design and Documentation phases of the project - as well as the Bidding and the Construction Administration phases

PA/PD – Project Architect/Project Designer – The Person who...

1. is responsible for the clarity and completeness of Architectural drawings from Schematic Design through Construction Documents
2. supports the PM's efforts and is responsible to the PM for any delegated tasks as needed in any or all aspects of estimating, specifications, shop drawing review, and Construction Administration
3. is responsible for the coordination of Architectural work with the work of Consultants

Over for detailed PA responsibilities - NA

WHO	RESPONSIBILITIES
	Codes & Regulations
	Site Planning/Zoning
	Foundations
	Super Structure
	Exterior Closure
	Roofing
	Interior Construction
	Vertical Circulation
	M/E Coordination
	Equipment

PROFESSIONAL LIABILITY INFORMATION

(PF 8)

PROJECT NUMBER: 0

PROJECT NAME: 0

Review each year:

Final Review:

14 DESIGN AND OTHER RELATED SERVICES

1 Design Services:

- a. With construction observation
- b. Without construction observation

2 Non-design services:

- a. Quantity or cost estimates without design
- b. Plan checking without design
- c. Building commissioning (quality assurance process as a separate service)
- d. Feasibility, programming, planning or economic studies
- e. Architectural master planning
- f. Forensic inspections, expert witness services, failure analysis

3 Field Services:

- a. Construction observation without design
- b. Inspection as a stand-alone service
- c. Boundary and construction staking
- d. Construction materials testing
- e. Drilling and sampling (geotechnical)

4 Laboratory analysis (non-environmental, soils and construction materials)

5 Other (describe)

17 TYPE OF CLIENT

1 Private Sector:

- a. Owner
- b. Developers
- c. Contractor
- d. Design Professional
- e. Environmental Consultants
- f. Other (describe)

B. Public Sector

C. Foreign

18 IS THIS PROJECT ATTRIBUTABLE TO ANY OF THE FOLLOWING:

- a. Design-Bid-Build (traditional delivery method)
- b. Design-Build (submit Design-Build Questionnaire)
- c. Fast Track (describe)

d. Turnkey (describe)

e. Construction Management

PROJECT FORM 8 - Professional Liability Information

16 CHECK ONE

- a. All buildings over 15 stories (Do NOT classify these buildings below)
Residential Condominiums? Yes No
- b. Residential Condominiums?
- c. Planned Unit Development
- d. Single-family residential subdivisions
- e. Custom homes
- f. Apartments
- g. Hospitals, retirement homes, convalescent hospitals
- h. Public schools, colleges and universities
- i. Private schools, colleges and universities
- j. Churches
- k. Correctional institutions
- l. Processing, manufacturing and production systems
- m. Mines, quarries, tunnels
- n. Oil refineries
- o. Chemical Plants and pipelines
- p. Facilities related to nuclear activities
- q. Parking garages
- r. Hotels
- s. Motels
- t. Retail, malls, shopping centers
- u. Office, warehouse, processing, manufacturing and production buildings
- v. Restaurants
- w. Sports facilities, arenas, convention facilities, grandstands, theaters, amusement parks
(describe) _____
- x. Ski lifts, amusement rides (describe) _____
- y. Utilities
- z. Roads & highways
- aa. Airport runways
- bb. Transportation passenger terminals (describe) _____
- cc. Structures for offshore or marine use, harbors, jetties, docks, piers, wharves
- dd. Bridges, trestles
- ee. Dams, reservoirs, levees, landfills
- ff. Wastewater, sewage and water treatment systems
- gg. Waste treatment, storage or disposal facilities
- hh. National Priorities List and Superfund sites
- ii. Other (describe)

DATE SUBMITTED _____

DATE RETURNED _____

DATE ENTERED _____

NEXT FORM SUBMITTED

PROJECT FORM 10 - Construction Cost & O/C Contract

Project Number: 0

Project Name: 0

DIV	DESCRIPTION	AMOUNT	COST/PRSF
1	General Requirements, General Conditions, OH&P		
2	Site Work		
3	Concrete		
4	Masonry		
5	Steel		
6	Wood and Plastic		
7	Thermal & Moisture Protection		
8	Doors and Windows		
9	Finishes		
10	Specialties		
11	Equipment		
12	Furnishings		
13	Special Construction		
14	Conveyances		
15A	Fire Suppression		
15B	Plumbing		
15C	HVAC		
16	Electric		
TOTAL CONSTRUCTION COST			TOTAL

CALCULATION OF PRO-RATED SQUARE FEET (PRSF)

DESCRIPTION	ACTUAL SF	PRSF
New Construction @ 100%		
Addition @ 110%		
Renovation @ 66%		
Remodeling @ 33%		
Canopies @ 33%		
TOTAL PRO-RATED SQUARE FEET		

OWNER / CONTRACTOR AGREEMENT

Describe Agreement:

AIA Document No.: _____

Other: _____

Date: _____

Amount: _____

Retainage: _____

Prepared by: _____

Firm & Individual

Date Submitted: _____

Date Returned: _____

Date Entered: _____

Next Form Submitted

SHOP DRAWING CHECKLIST (PF-11)

Project: _____

Proj. No.: _____ 0 _____

Location: _____

Submittal Description (+ Mfr, Spec Sect No.) _____

Client / Owner: _____

Date Shop Drawings Received: _____

NOTE: Send this sheet to consultant when referring submittals.

GENERAL REVIEW ITEMS

		Yes/No/NA	BY WHOM	DATE
1	Submittal required by specifications?			
2	Reviewed by Contractor first?			
3	Referred to consultant?			
4	Item manufacturer submitted was one specified?			
5	Item manufacturer submitted is a substitution not specified?			
6	Item model/type submitted is that specified?			
7	Item submitted has performance (capacity) specified?			
8	Item motor electrical data submitted matches electrical service to motor?			
9	Item motor type matches that specified?			
10	Item pressure rating matches that specified?			
11	ASTM, ASME, etc. codes and ratings match specified?			
12	Item's optional accessories submitted match those specified?			
13	Specified certifications of testing submitted?			
14	Comments transferred accurately to copies?			
15	Log updated?			
16	Status of Review:	Approved (exceptions)	Resubmit	Not Approved
	A 1st Submittal			
	B 2nd Submittal			
	C 3rd Submittal			

Explain any unusual circumstances here and use back or additional sheets if needed.

POST PROJECT EVALUATION (PF 13)

Project: _____

Location: _____

Client / Owner: _____

Type of Contract: _____

Proj. No.: _____

Date: _____

Gross Fee: _____

Eval. By: _____

INSTRUCTIONS

- A. This form should be filled out by the Principal in Charge, the Project Executive, and the Project Manager in a joint meeting with any other staff that might be required.
- B. Expand any answers in writing at the end of the form, using other sheets of paper if needed.
- C. If problems or discrepancies in our services are discovered, they should be discussed in detail and methods established to avoid reoccurrences.

EVALUATION QUESTIONS

Rank answers on a scale of 1 to 5 (low to high):

- 1 Was the client happy with the final results of the project?
- 2 Rate how we perceive the client's satisfaction.
- 3 Will this client use us again in the future?
- 4 Will this client recommend us to others?
- 5 Was the firm happy with the final results of the project?
- 6 Rate how satisfied the firm was with the project.
- 7 Is this project worthy of publication and/or suitable to be photographed and displayed in our office?
- 8 Was the firm happy with the Architect/Client relationship?
- 9 Did the client pay our invoices on time?
- 10 Would the firm want to do work with this client again?
- 11 Was the staff strained to meet deadlines?
- 12 Did the staff enjoy working on the project?
- 13 Was this project completed within the allotted time schedule?
- 14 Was the project profitable for the firm?
- 15 Was the performance of consultants satisfactory?
- 16 Rate each consultant in reference to their performance.
 - A Structural
 - B Mechanical
 - C Electrical
 - D Civil

1 or No	2	3	4	5 or Yes

POST PROJECT EVALUATION

(PF 13)

- 17 Was the contractor's performance satisfactory?
- 18 Rate the contractor's overall job performance.
- 19 Could the firm recommend this contractor to future clients?
- 20 Did the contractor try to generate unnecessary change orders?
- 21 Did the contractor try to shift any of his responsibility to the architect?
- 22 Did the contractor submit shop drawings that were not required by our specifications?
- 23 Did the contractor ever try to dilute the architect's authority by going to the Owner directly with proposed substitutions or design changes?
- 24 Did problems arise on the job that the staff can now learn and benefit from and not repeat these problems in the future?
- 25 Did any ambiguities in the contract documents develop that can be avoided in the future?

1	2	3	4	5

Expand answers here by entering the question number and using the lines provided. Attach additional sheets if needed.

DOCUMENT ARCHIVING (PF16)

Project Name: _____ 0
Project Description: _____

Client _____
 Project ID: _____
 Proj. Date: _____
 Files Archived By: _____
 Date Archived: _____

HARDCOPY FILES

LOCATION

Binders: Design Project Construction
 Others:

Folders: FF (Financial File)
 FP (Proposal File)
 F (Project File)

DRAWINGS: Architectural _____ sheets
 Structural _____ sheets
 Mech/Elec _____ sheets
 Other _____ sheets

Other: FS (Shop Dwg Box) _____ boxes
 Specifications
 Rendering
 Photos: Prints Negs. Slides

Electronic Files

		VERSION	DIRECTORY	CD
CAD:	<input type="checkbox"/> _____ .dwg files			
	<input type="checkbox"/> _____ 3D files			
Data:	<input type="checkbox"/> _____ .doc files			
	<input type="checkbox"/> _____ .xls files			
	<input type="checkbox"/> _____ Photo Files			
	<input type="checkbox"/> _____ Files			
	<input type="checkbox"/> _____ Files			
	<input type="checkbox"/> _____ Files			

DATE SUBMITTED _____
 DATE RETURNED _____
 DATE ENTERED _____

NEXT FORM SUBMITTED