

**CITY OF
GAINESVILLE**

050998 B

GENERAL GOVERNMENT
(For Contracts in the amount of \$2,000-\$49,999)

**CONTRACT
TRANSMITTAL # FMGI**
Today's Date: 10/25/05

Anticipated Project/Service Start Date: _____

Budget Amount: \$ _____

Department Name: Facilities Management

Account No.: _____

Contract Manager: Larry Abbott

Contract Amount: \$ _____

Phone Number: 334-2140

PD/PDQ #: _____

Subcontractor Opportunities: Yes No

Funding Source: City Funds Other:

Provide Other source: _____

Contractor: Siemens Building Technologies, Inc.

Contract Description: Chiller and lighting replacement at GPD. Could cost \$150,000.00 if the City chooses not to implement the recommendations of Seimans.

CONTRACT APPROVED FOR SUBMISSION

Larry Abbott 10-25-05
Contract Manager Date

As Contract Manager, the City's liaison, you are responsible for monitoring the contract. Including, visibly verifying progress and completion is in accordance with the contract specifications

[Signature] 10-25-05
Department Head Date

[Signature] 11/10/05
Assistant City Manager/
Administrative Services Director Date

The requested reviewers are noted by an "X" below. Each should complete his/her review and return the contract and comments directly to the **Department** (not to other reviewers) by _____

SIMULTANEOUS CONTRACT REVIEW

The attached contract has been reviewed by me and approved as drafted **OR** subject to modifications as noted on the **RETURNED CONTRACT**. Note: City Attorney, Risk Manager and Local Small Business Procurement Program required for all contract reviews. Allow a minimum of three days for Department review.

INDICATE APPROVAL

Reviewing Office	As Drafted	Subject To	Signature	Date
<u>X</u> City Attorney (As to form and legality)	<input checked="" type="checkbox"/>		<u>[Signature]</u>	<u>10/25/05</u>
<u>X</u> Risk Manager (Risk/Insurance Coverage)				
<u>X</u> Local Small Bus.				
Revenue Manager (If a revenue Contract)				
Grant Coordinator (If a grant)				
Fiscal Grant Coord				
Finance (If financial document)				

DC0604

Department shall determine that all items marked "subject to" are cleared before final submission of the contract below.

Contract To Contractor for Signature: _____ Date Sent: _____ Date Received From Contractor: _____

City Commission Approval Required: (\$25,000 and above) Yes No Date: _____

To City Attorney: Date: _____ To City Manager: Date: _____

CONTRACT APPROVED FOR EXECUTION:

[Signature] 10-26-05
City Attorney Date

[Signature] 11-10-05
City Manager or Designee Date

**CITY OF
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**CONTRACT
TRANSMITTAL # FMGI**
Today's Date: 10/25/05

Anticipated Project/Service Start Date: _____

Budget Amount: \$ _____

Department Name: Facilities Management

Account No.: _____

Contract Manager: Larry Abbott

Contract Amount: \$ _____

Phone Number: 334-2140

PD/PDQ #: _____

Subcontractor Opportunities: Yes No

Funding Source: City Funds Other:

Provide *Other* source: _____

Contractor: Siemens Building Technologies, Inc.

Contract Description: Chiller and lighting replacement at GPD. Could cost \$15,000.00 if the City chooses not to implement the recommendations of Seimans.

CONTRACT APPROVED FOR SUBMISSION

As Contract Manager, the City's liaison, you are responsible for monitoring the contract including, visibly verifying progress and completion is in accordance with the contract specifications

Contract Manager Date

Department Head Date

Barbara Inman 11/8/05
Assistant City Manager/ Administrative Services Director Date

The requested reviewers are noted by an "X" below. Each should complete his/her review and return the contract and comments directly to the **Department** (not to other reviewers) by _____

SIMULTANEOUS CONTRACT REVIEW

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INDICATE APPROVAL

Reviewing Office	As Drafted	Subject To	Signature	Date
<u>X</u> City Attorney (As to form and legality)	_____	_____	_____	_____
<u>X</u> Risk Manager (Risk/Insurance Coverage)	<input checked="" type="checkbox"/>	_____	<u>[Signature]</u>	<u>10/27/05</u>
<u>X</u> Local Small Bus. Revenue Manager (If a revenue Contract)	<input checked="" type="checkbox"/>	_____	<u>[Signature]</u>	<u>10/27/05</u>
Grant Coordinator (If a grant)	_____	_____	_____	_____
Fiscal Grant Coord.	_____	_____	_____	_____
Finance (If financial document)	_____	_____	_____	_____

Department shall determine that all items marked "subject to" are cleared before final submission of the contract below.

Contract To Contractor for Signature: _____ Date Sent: _____ Date Received From Contractor: _____

City Commission Approval Required: (\$25,000 and above) Yes No Date: _____

To City Attorney: Date: _____ To City Manager: Date: _____

CONTRACT APPROVED FOR EXECUTION:

City Attorney Date

[Signature] 11-10-05
City Manager or Designee Date