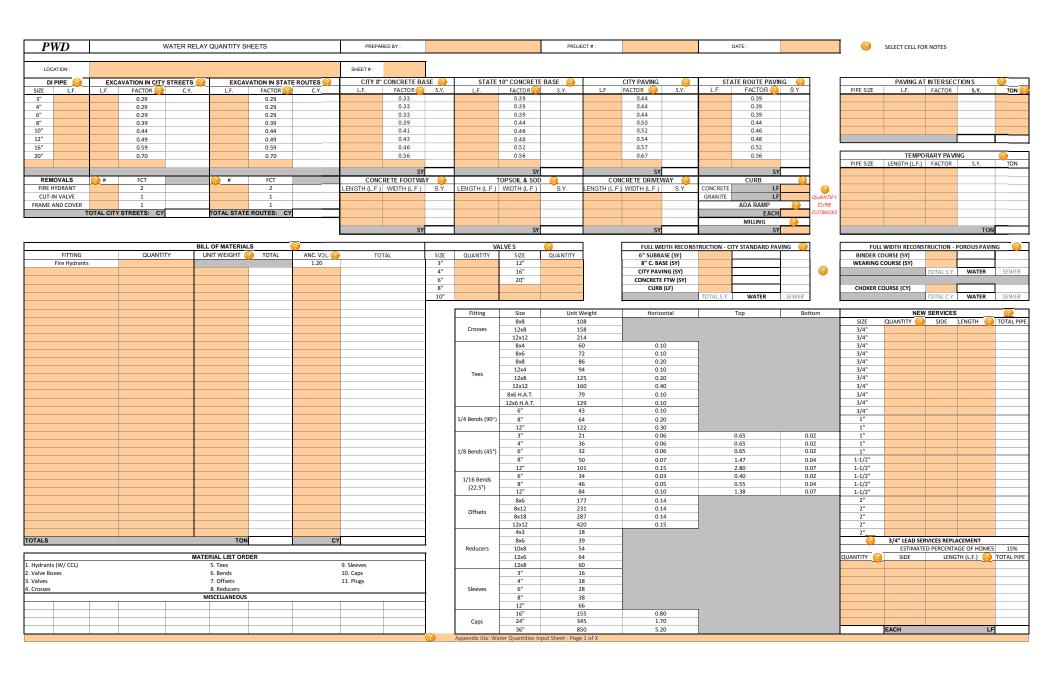
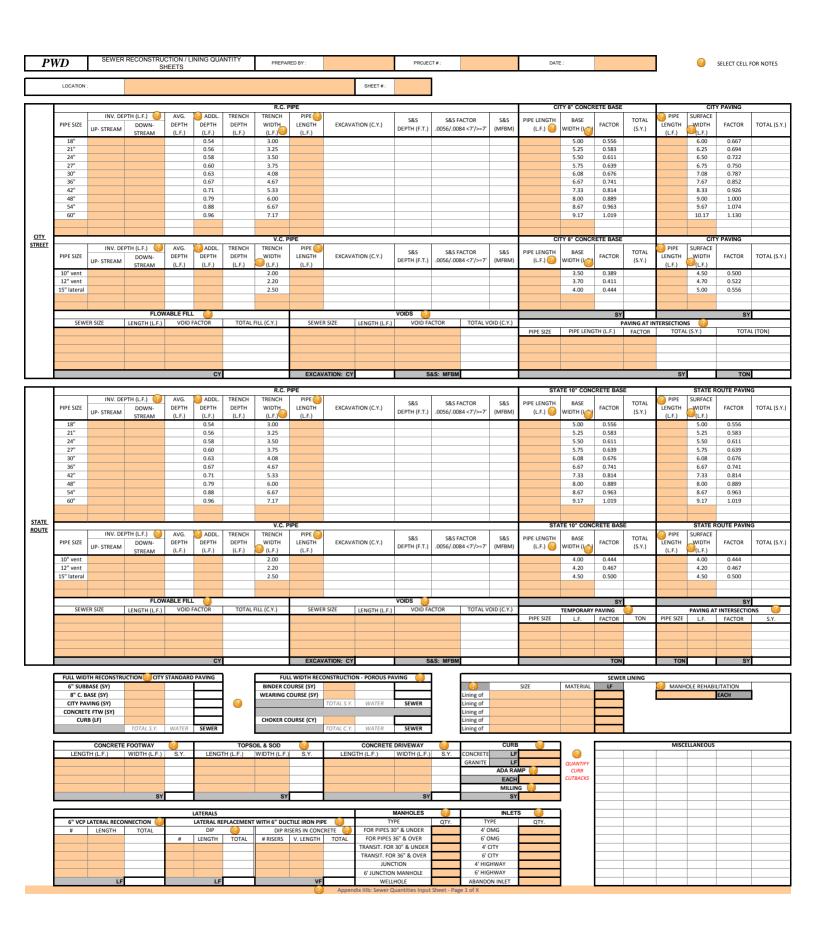
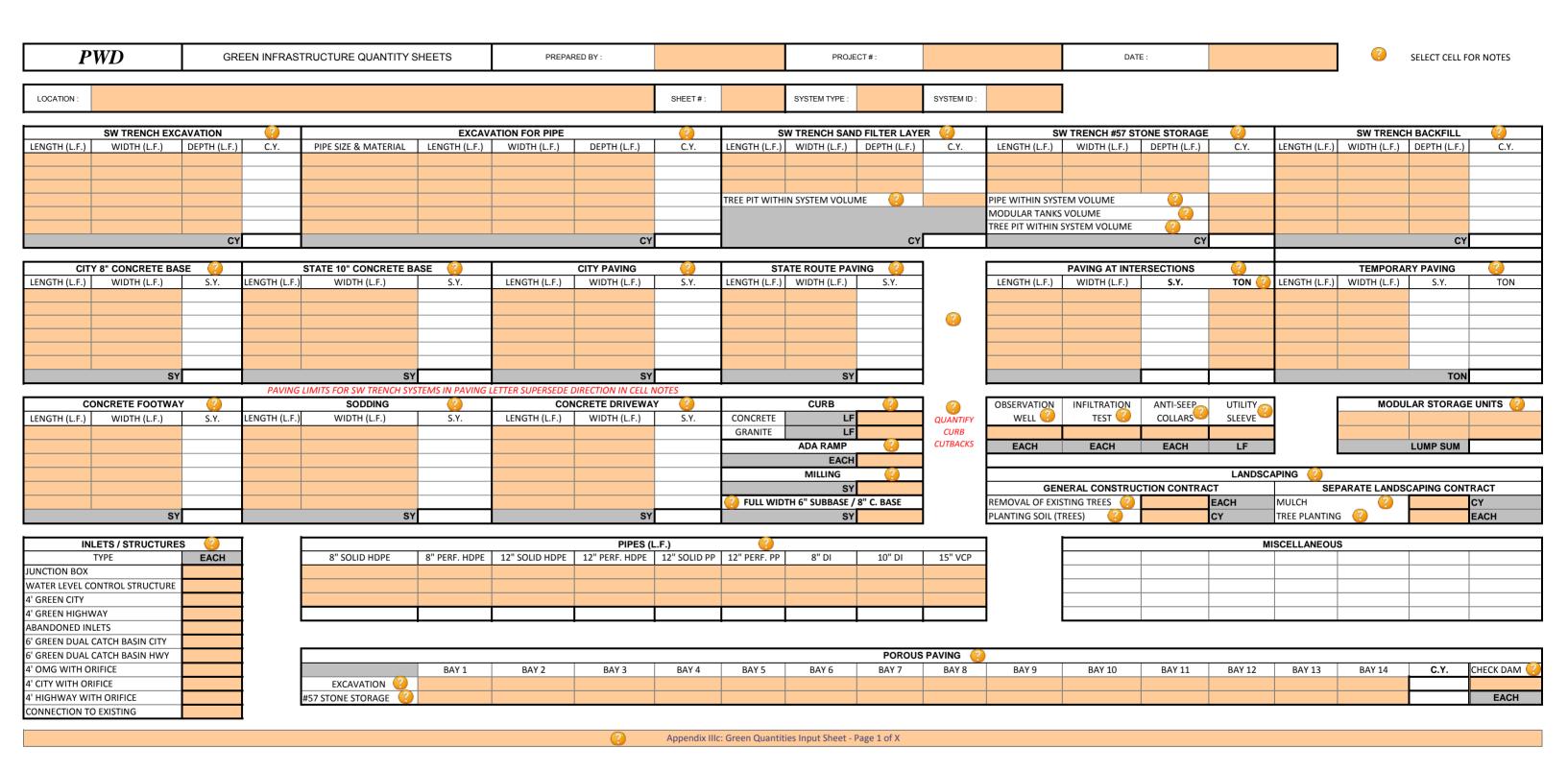
### FORMS AND CALCULATIONS

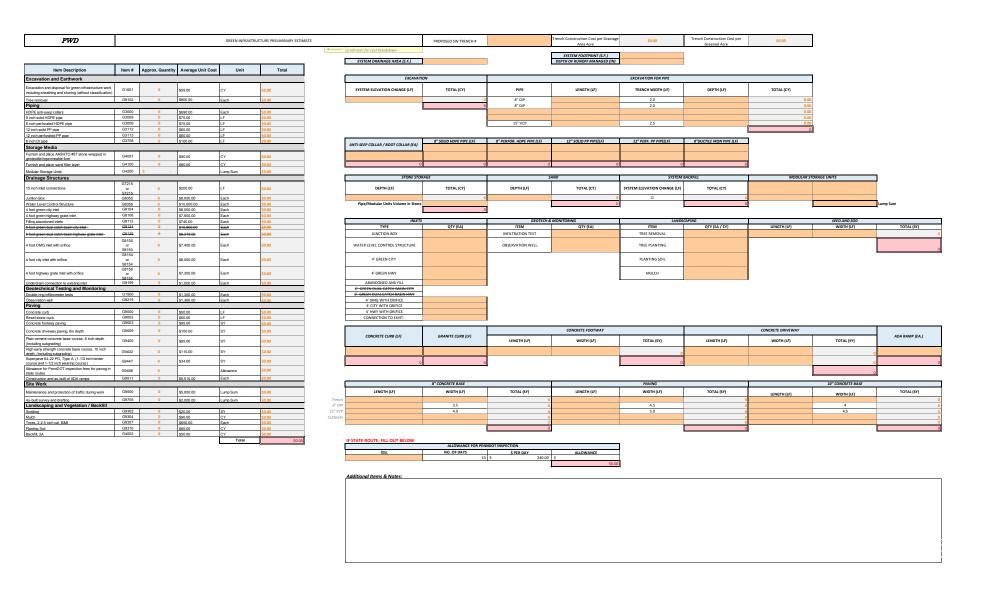


- <u>a</u> Water Quantities Sheet\*
- **b** Sewer Quantities Sheet\*
- c Green Quantities Sheet\*
- <u>d</u> GSI Preliminary Cost Estimate\*
- <u>f</u> Final Design Package Checklist\*
- g Contract Summary Sheet\*
- <u>h</u> OEO post Award Compliance Form
- <u>i</u> Project Status Summary Sheet\*
- j Quantity Verification Sheet\*
- \*Link to file on phillywaterdesign.com











## PHILADELPHIA WATER DEPARTMENT DESIGN BRANCH

# Final Design Package Checklist

Note: This form must accompany final design package.

PWD Work Number and Project Description:	Date:					
Information required for final submittal	Provided					
	Yes	No	N/A			
Memo or e-mail from Design Supervisor approving final plans & specs						
<ul> <li>1 set of mylar drawings (signed &amp; rolled)</li> </ul>						
<ul> <li>1 copy of PGW response letter</li> </ul>						
<ul> <li>1 copy of Philadelphia Streets Department paving letter</li> </ul>						
<ul> <li>GPIS forms completed on web application, see PWD Project Engineer for procedure</li> </ul>						
Electronic Submittals on CD or DVD:						
Specifications in Microsoft Word format						
<ul> <li>Design Drawings in AutoCAD or Micro-Station format</li> </ul>						
<ul> <li>Design Drawings in PDF format</li> </ul>						
<ul> <li>Engineer's Estimate of Construction Cost and PWD's Water, Sewer, and Green Quantities Spreadsheets (as needed) in Microsoft Excel format</li> </ul>						
<ul> <li>1 copy of each utility response letter in PDF format</li> </ul>						
<ul> <li>PWD GSI Design Report as a single PDF. Additionally, supporting files in the formats below shall be provided as separate attachments</li> <li>Written Report documenting design approach and assumptions (.PDF)</li> <li>GreenIT Data Entry Application Metrics Report (.CSV, .PDF)</li> <li>"Shared" GreenIT Data Entry Application Project(s) with PWD Project Engineer</li> <li>Supporting design calculations and modeling files (XLSX and modeling original files)</li> <li>Drainage area maps (.PDF and .DWG)</li> </ul>						
Approved Roadway Grading Plans in PDF format						
<ul> <li>Approved Curb Ramp Designs in PDF format</li> </ul>						
Quantities Certification in PDF format						
Project Summary in Microsoft Word and PDF format						

#### PWD Design Branch Monthly Project Contract Summary Sheet

Consultant: PWD Consulting

 PWD Work Order No.
 P-16xx

 Contract No.
 12-202xx

 Contract Expiration Date:
 30-Sep-13

 Contract Amount:
 \$1,000,000

 Amount Encumbered:
 \$300,000

 Amount Invoiced:
 \$200,000

 Unbilled Amount Remaining:
 \$800,000

_							Contra	act P-16xx Sui	mmary				
Work No.	Project Description	Total Design Budget (All Contracts)	Construction Estimate	% Des/Con	Amount Invoiced (P-15xx)	Design Budget (P-16xx)	Amount Invoiced (To Date)	MBE Payments (To Date)	WBE Payments (To Date)	Invoice No.	Invoice Date	Invoice Amount	% Invoiced (To Date)
S-XXXXX-R	A Street	\$200,000.00	\$2,000,000.00	10%	\$100,000.00	\$100,000.00	\$50,000.00	\$7,500.00	\$5,000.00	No. 1 No. 2	1/31/2013 2/28/2013	\$25,000.00 \$25,000.00	50%
S-XXXXX-R	B Street	\$150,000.00	\$1,500,000.00	10%	\$50,000.00	\$100,000.00	\$100,000.00	\$15,000.00	\$10,000.00	No. 1 No. 2 No. 3 No. 4	1/31/2013 2/28/2013 3/31/2013 4/30/2013	\$25,000.00 \$25,000.00 \$25,000.00 \$25,000.00	100%
S-XXXXX-R	C Street	\$100,000.00	\$1,000,000.00	10%	\$0.00	\$100,000.00	\$50,000.00	\$7,500.00	\$5,000.00	No. 1 No. 2	1/31/2013 2/28/2013	\$25,000.00 \$25,000.00	50%

### **SAMPLE**

Totals

Appendix IIIg: Contract Summary Sheet - Page 1 of 1

\$300,000.00

\$200,000.00

\$30,000.00 \$20,000.00

Date: May 31, 2013



### CITY OF PHILADELPHIA OFFICE OF ECONOMIC OPPORTUNITY

#### INSTRUCTIONS FOR THE POST AWARD COMPLIANCE REVIEW FORM FOR MINORITY, WOMEN, AND DISABLED BUSINESS ENTERPRISES

The purpose of this form is to provide the City of Philadelphia, and the Office of Economic Opportunity with a monthly update on the activities and expenditures between the prime contractors and their subcontractors including: Minority, Women, and Disabled Business Enterprises (M/W/DSBEs).

This form will be provided to the Prime contractor at the beginning of each contract and must be included with each invoice submittal and for each sub-contractor, supplier, or consultant identified as a participant on each contract. It is the responsibility of the prime contractor/vendor to keep accurate and up-to-date documentation of all invoice submittals by their subcontractors, and all payments to these subcontractors.

#### The Form:

Date, bid number, bid opening date, project name, contract number, contract amount (base bid only) are self-explanatory.

#### Commitments To:

M, W, and DS are as per your solicitation and commitment form submitted with your bid e.g., percentage of base and actual dollar amount of your commitment, which ever is greater.

Prime Contractor:
□Name, address, phone number, and contract person are self-explanatory.
Subcontractor name:
☐ A separate form must be prepared for each certified vendor for each monthly invoice on a given contract.
COMPLIANCE REVIEW FORM
Check the Appropriate Selection:
□ M, W, or DS. Then put the complete address, phone number and contact person of the subvendor.
Type of Service or Purchase:
☐ Specify scope of work and/or materials and supplies to be provided by the subvendor.
Payments to Firm:
☐ Invoices from the subvendor to the prime contractor must reference this project only. Payments from the prime to the subvendor must reference the project only, e.g., one invoice, one check. Fill in the information in the appropriate box for that month.
Only indicate a payment(s) in the month that the check is actually written and given, to the subvendor. Note: These reports are cumulative.
Example:
A subvendor invoices you for work done on January 19, 2000. The City pays the prime contractor on March 19, 2000. Five calendar days after the prime has been paid, the subvendor should be issued a check for the work completed in January, 2000.

Estimate total (service or purchase) subcontract value is the total of payments to date.

For example, work was performed and invoiced on January 19, 2000, payment is made in March, 2000, then February, 2000, work is invoiced and paid in April, 2000. Post Award Compliance Review for May, will indicate the March and April 2000, payments. June's report will indicate the sum of March, April and May payments.

All Post Award Compliance Review forms are to be submitted no later than ten (10) calendar days after the billing period to the City.

Appendix IIIh: OEO post Award Compliance Form  $\,$  - Page 1 of 2  $\,$ 



# OFFICE OF ECONOMIC OPPORTUNITY POST AWARD COMPLIANCE REVIEW

# FOR M/W/DSBE PARTICIPATION ON CITY OF PHILADELPHIA BIDS AND CONTRACTS

DATE:/ BID#  PROJECT NAME:  COMMITMENT TO MBE COMMITMENT TO V  PRIME CONTRACTOR NAME:  ADDRESS: PHONE#  SUBCONTRACTOR NAME:  MBE WBE ADDRESS: PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$ FEB \$ MAR \$ APR \$ MAY \$	CONTACT:	REPORT NO
PROJECT NAME:  COMMITMENT TO MBE  COMMITMENT TO W  PRIME CONTRACTOR NAME:  ADDRESS:  PHONE#  SUBCONTRACTOR NAME:  MBE WBE  ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTRACT#  WBE COMMITMENT TO DSBE  CONTACT:  DSBE  CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	DATE WORK BEGINS/_/  DATE WORK COMPLETED//  (PLEASE SPECIFY)
COMMITMENT TO MBE  COMMITMENT TO W  PRIME CONTRACTOR NAME:  ADDRESS:  PHONE#  SUBCONTRACTOR NAME:  MBE WBE  ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:	DATE WORK BEGINS/_/  DATE WORK COMPLETED//  (PLEASE SPECIFY)
COMMITMENT TO MBE  COMMITMENT TO W  PRIME CONTRACTOR NAME:  ADDRESS:  PHONE#  SUBCONTRACTOR NAME:  MBE WBE  ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTACT:  CONTACT:  CONTACT:  CONTACT:  CONTACT:	DATE WORK BEGINS/_/  DATE WORK COMPLETED//  (PLEASE SPECIFY)
PRIME CONTRACTOR NAME:  ADDRESS: PHONE# SUBCONTRACTOR NAME:  MBE WBE ADDRESS: PHONE# SCOPE OF WORK:  M/Y PAYMENT JAN \$ FEB \$ MAR \$ APR \$	CONTACT:  DSBE  CONTACT:  TS TO FIRM  % OF TOTAL PAYMEN %	DATE WORK COMPLETED //  (PLEASE SPECIFY)
ADDRESS:  PHONE#  SUBCONTRACTOR NAME:  MBEWBE  ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	DSBE  CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	DATE WORK COMPLETED //  (PLEASE SPECIFY)
PHONE# SUBCONTRACTOR NAME:  MBE WBE ADDRESS: PHONE# SCOPE OF WORK:  M/Y PAYMENT JAN \$ FEB \$ MAR \$ APR \$	DSBE  CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	DATE WORK COMPLETED //  (PLEASE SPECIFY)
PHONE# SUBCONTRACTOR NAME:  MBE WBE ADDRESS: PHONE# SCOPE OF WORK:  M/Y PAYMENT JAN \$ FEB \$ MAR \$ APR \$	DSBE  CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	(PLEASE SPECIFY)
MBE WBE ADDRESS: PHONE# SCOPE OF WORK:  M/Y PAYMENT JAN \$ FEB \$ MAR \$ APR \$	DSBE  CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	(PLEASE SPECIFY)
MBE WBE ADDRESS: PHONE# SCOPE OF WORK:  M/Y PAYMENT JAN \$ FEB \$ MAR \$ APR \$	CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	(PLEASE SPECIFY)
ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	(PLEASE SPECIFY)
ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	
ADDRESS:  PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	CONTACT:  TS TO FIRM % OF TOTAL PAYMEN %	
PHONE#  SCOPE OF WORK:  M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	TS TO FIRM % OF TOTAL PAYMEN %	NT Year to Date Amount Paid
SCOPE OF WORK:           M/Y         PAYMENT           JAN         \$           FEB         \$           MAR         \$           APR         \$	TS TO FIRM % OF TOTAL PAYMEN %	NT Year to Date Amount Paid
M/Y PAYMENT  JAN \$  FEB \$  MAR \$  APR \$	%	NT Year to Date Amount Paid
JAN         \$           FEB         \$           MAR         \$           APR         \$	%	Year to Date Amount Paid
FEB \$ MAR \$ APR \$		
MAR \$ APR \$	%	
APR \$		
	%	
MAY \$	%	
	%	
JUN \$	%	
JUL \$	%	
AUG \$	%	
SEP \$	%	
OCT \$	%	
NOV \$	%	
DEC \$	%	
ESTIMATE TOTAL (SERVICE OR PURCHASE) SUBCONTRAC	CT VALUE IS: \$	
Attach copies of:		
1. Invoices, 2. Cancelled checks, 3. Copy of PO		
Use one sheet per subcontractor (copy as needed)	SIGNATURE	Date

Project Status Summary Sheet Consultant: Contract No. P-xxxx Date:

Design Submittals

PWD Review | Utility Review |

			Base (30% E	Plans Design)	PWD F (70%)	Review Design	Utility F	Review Design)	Pre-Final Final (90% Design) (100% D		Pre-Final (90% Design)		Final (100% Design)			
Work No.	Project Description	Start Date	Target Date	Actual Date	Target Date	Actual Date	Target Date	Actual Date	Target Date	Actual Date	Target Date	Actual Date	To PC Date	Comments		
S-XXXXX-R																
S-XXXXX-R																
S-XXXXX-R																
S-XXXXX-R																
S-XXXXX-R																
S-XXXXX-R																
S-XXXXX-R																

Work No	Date								
Sheet Nos.									
If all sheets, write all.    If specific sheets, wri	te sheet numbers.								
Independent Quantity Verification									
I hereby certify that I have calculated the initial set of quantities for the sheets indicated.									
Print Name	Signature								
I hereby certify that I have calculated an additional independent set of quantities for the sheets indicated and that any discrepancies between the two (2) sets of quantities have been resolved. Both sets of calculations will be supplied to the Water Department if requested.									
Print Name	Signature								