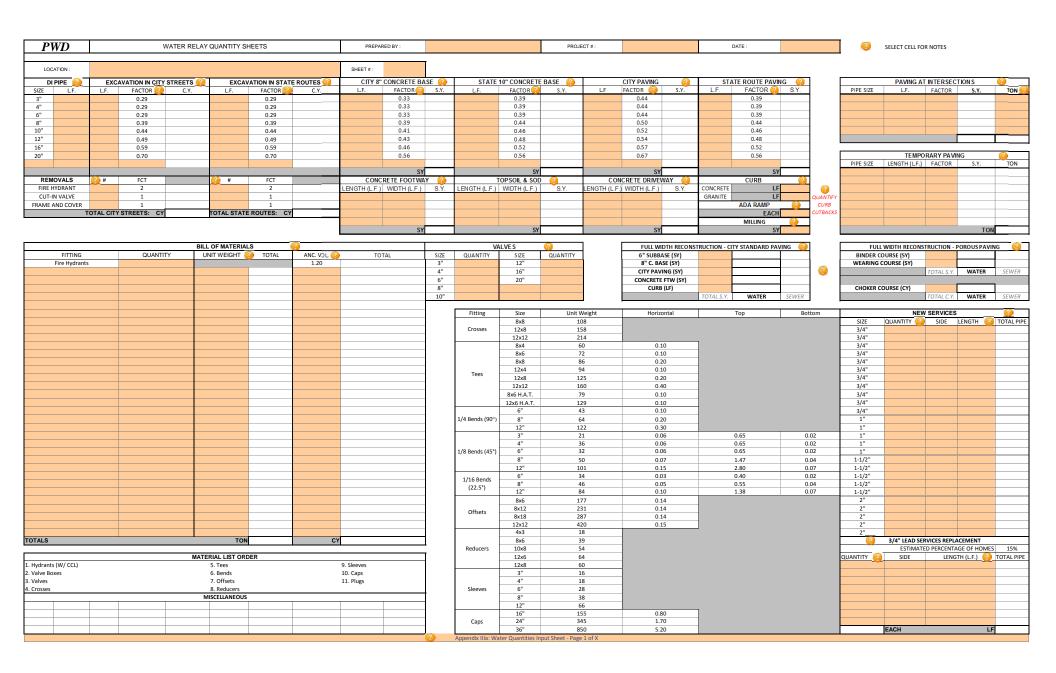
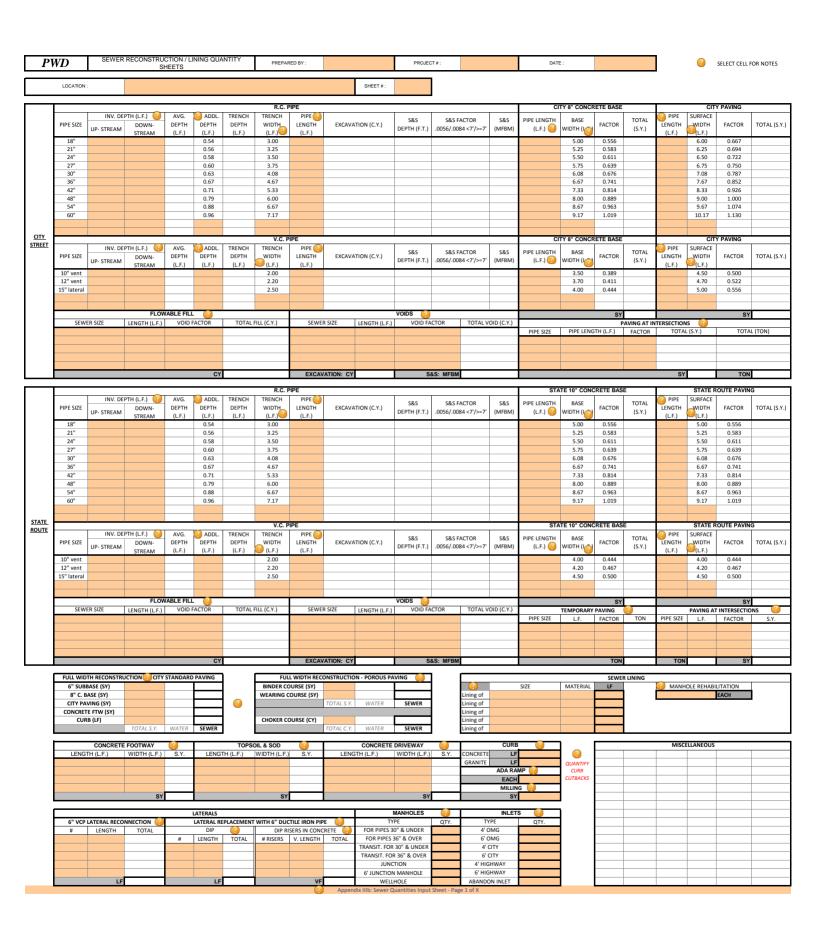
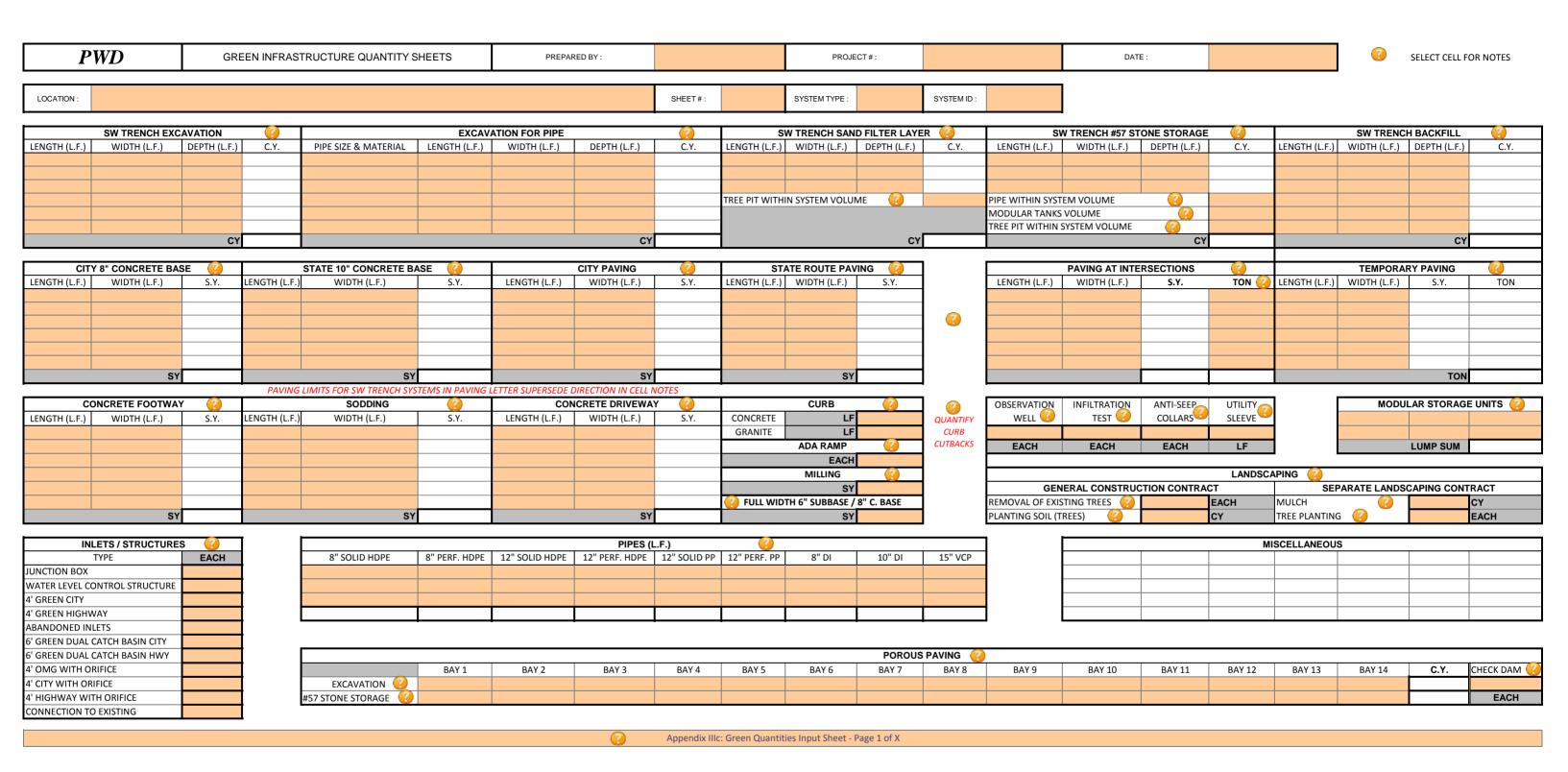
### FORMS AND CALCULATIONS

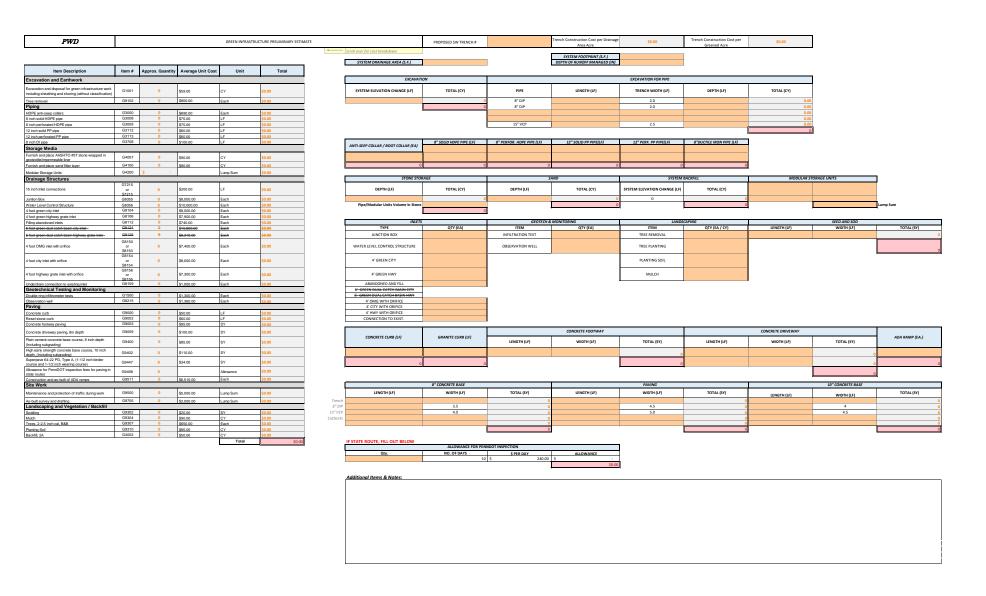


- <u>a</u> Water Quantities Sheet\*
- **b** Sewer Quantities Sheet\*
- <u>c</u> Green Quantities Sheet\*
- <u>d</u> GSI Preliminary Cost Estimate\*
- <u>f</u> Final Design Package Checklist\*
- g Contract Summary Sheet\*
- <u>h</u> OEO post Award Compliance Form
- <u>i</u> Project Status Summary Sheet\*
- 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         <ul> <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> </li> </ul>						
<ul> <li>Approved Roadway Grading Plans in PDF format</li> </ul>						
<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

Date: May 31, 2013

							Contra	act P-16xx Su	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	1/31/2013 2/28/2013	\$25,000.00 \$25,000.00	100%
										No. 3 No. 4	3/31/2013 4/30/2013	\$25,000.00 \$25,000.00	
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%
					Totals	\$300,000.00	\$200,000.00	\$30,000.00	\$20,000.00				

## **SAMPLE**



# 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#	BID OPENING DATE:	REPORT NO(i.e. 1,2 or 3)			
PROJECT NAME:		CONTRACT#	CONTRACT AMOUNT			
COMMITMENT TO MBE	COMMITMENT TO WBE	COMMITMENT TO DSBE				
PRIME CONTRACTOR NAME:		-	DATE WORK BEGINS//			
ADDRESS:						
PHONE#		CONTACT:				
SUBCONTRACTOR NAME:			DATE WORK COMPLETED			
OODOON TRAINE.			//			
MBE	WBE	DSBE	(PLEASE SPECIFY)			
ADDRESS:						
PHONE#		CONTACT:				
SCOPE OF WORK:						
M/Y	PAYMENTS TO FIRM	% OF TOTAL PAYMENT	Year to Date Amount Paid			
JAN	\$	%				
FEB	\$	%				
MAR	\$	%				
APR	\$	%				
MAY	\$	%				
JUN	\$	%				
JUL	\$	%				
AUG	\$	%				
SEP	\$	%				
ОСТ	\$	%				
NOV	\$	%				
DEC	\$	%				
ESTIMATE TOTAL (SERVICE OR PUR	CCHASE) SUBCONTRACT VALUE IS:	\$				
Attach copies of: 1. Invoices, 2. Cancelled checks	s, 3. Copy of PO					
Use one sheet per subcontracto		SIGNATURE	Date			

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

Design Submittals
| PWD Review | Utility Review | Pre-Final

Base Plans   PWD Review   Utility Review   Pre-Final   Final								1						
			Base	Plans	PWD	Review	Utility i	Review	Pre-H	-ınal	Fir	nai		
			(30% E	esign)	(70%)	Design	(75% E	Design)	(90% D	esign)	(100%	Design)		
		Start		Actual		Actual		Actual	Target		Target	Actual	To PC	
Work No.	Project Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments
WOLK NO.	Project Description	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Comments
S-XXXXX-R														
S-XXXXX-R														
O XXXXXX IX		+												
		1												
S-XXXXX-R														
S-XXXXX-R														
_														
S-XXXXX-R														
3-XXXXX-K														
S-XXXXX-R			<u> </u>		<u> </u>			<u> </u>						
S-XXXXX-R														
O XXXXXX IX		+												
		1												
		+												
		1												
		1												
Π														
+														
+														
		1												

Work No	Date
Sheet Nos.	
If all sheets, write all.    If specific sheets, wri	te sheet numbers.
Independent Quar	ntity Verification
I hereby certify that I have calculfor the sheets indicated.	lated the initial set of quantities
Print Name	Signature
I hereby certify that I have calculated set of quantities for the sheets includes discrepancies between the two (2 resolved. Both sets of calculation Department if requested.	dicated and that any 2) sets of quantities have been
Print Name	Signature