**2016 Edition**

**SE-620**

**REQUEST FOR AUTHORITY TO EXECUTE A PROFESSIONAL SERVICES INDEFINITE DELIVERY CONTRACT**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**PERSON OR FIRM SELECTED**

(NOTE: If multiple persons or firms are selected, a separate SE-620 must be submitted for each person or firm.)

**NAME:**

**ADDRESS: Street/PO Box**:

**City:**       **State:**       **ZIP:**      -     

**EMAIL:**

**TELEPHONE:**       **FAX:**

**BUDGETARY INFORMATION**

1. **MAXIMUM ALLOWED IDC AMOUNT: $**
2. **MAXIMUM CONTRACT AMOUNT: $**
3. **GUARANTEED MINIMUM PAYMENT *(if applicable):* $**

**AGENCY CERTIFICATION AND REQUEST**

I certify that the Agency Selection Committee conducted this Professional Services selection in accordance with the requirements of the SC Consolidated Procurement Code and the *Manual for Planning and Execution of State Permanent Improvements-Part II,* and that the Agency has authorized, unencumbered funds available for obligation to this contract. Pursuant to Section 11-35-3220(9), I request the Office of State Engineer’s approval to execute the attached contract for professional services in support of the above-named Project.

**BY:**  **DATE:**

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**APPROVED BY:** **DATE:**

*(OSE Project Manager)*

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. SE-620

2. Copy of the Selection Committee report listing all responses and reasons for selecting persons or firms to be interviewed

3. Copy of signed SE-614 for each Committee member

4. Copy of all SE-615's and the SE-617

5. Copy of SE-640 signed by person or firm selected but NOT signed by the Agency