**SE-690**

**CONSTRUCTION SERVICES TASK ORDER**

**AGENCY:**

**TASK ORDER PROJECT NAME:**

**TASK ORDER PROJECT NUMBER:**

**TASK ORDER CONTRACT PROJECT NUMBER:**

**CONTRACTOR:**

|  |
| --- |
|  **TASK ORDER CONTRACT****COST INFORMATION:** |
| **1.** | Maximum Total Potential Amount of this TOC: |  | $ 4,000,000.00 |
| **2.** | Maximum Total Amount Allowed for Task Order: | $ 350,000.00 |  |
| **3.** | Amount of this Task Order: | $       |  |
| **4.** | Total Amount of Previous Task Orders (including Modifications): |  | $  |
| **5.** | Total Amount of TOC, Including this Task Order: |  | $ 0.00 |
| **6.** | Balance Remaining for this TOC: |  | $ 0.00 |

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| **SCHEDULE:** |
| **1.** | Date of Commencement: |  |       |
| **2.** | Days Allowed to Complete the Task Order, including Alternates: |  |       |
| **3.** | Date of Substantial Completion: |  |       |

**DESCRIPTION OF TASK ORDER SCOPE OF WORK:** *(attach Contractor’s Proposal)*

**LIST OF TASK ORDER DOCUMENTS:** *(refer to attachments as necessary)*

The Agency and the Contractor hereby agree, as indicated by the signatures below, to the scope of work identified in the Contract Documents listed above, the Contractor’s Quote dated the  day of , 20, and this Task Order which shall be assigned to the Task Order Contract identified above.

**NOTICE TO PROCEED** is hereby given on this the       day of      , 20     . The Dates of Commencement and Substantial Completion are as noted above and shall be used for determining completion and the applicability of Liquidated Damages. Liquidated Damages in the amount of $       per day will be assessed for failure to complete the Work by the agreed upon date of completion. Failure to commence actual work on this Task Order within seven (7) days from the Date of Commencement will entitle the Agency to consider the Contractor non-responsible, and may withdraw this Task Order and terminate the Contract in accordance with the Contract Documents.

**TASK ORDER WITHIN AGENCY CONSTRUCTION CONTRACT CERTIFICATION:*(Agency MUST check one)* Yes [ ]  No [ ]**

**IF “NO”, OSE APPROVAL OF TASK ORDER DOCUMENTS:**

*(Signature of OSE Project Manager) Date*

|  |  |
| --- | --- |
| **AGENCY:** | **CONTRACTOR** |
| **BY:** ***(Signature of Representative)*** | **BY:** ***(Signature of Representative)*** |
| **Print Name:**  | **Print Name:**  |
| **Print Title:**  | **Print Title:**  |
| **Date:**  | **Date:**  |

**COMPLETION CONFIRMATION BY AGENCY:**

**ACTUAL COMPLETION DATE:       LIQUIDATED DAMAGES ASSESSED:**

**CONFIRMED BY: DATE:**

*(Signature of Agency Representative)*

**TITLE:**