**SE-230**

**TRANSMITTAL OF SMALL PROFESSIONAL SERVICES CONTRACT**

***FOR INFORMATION ONLY***

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**FIRM SELECTED**

**NAME:**

**CITY:**       **STATE:**

**EMAIL:**       **TELEPHONE:**

**BUDGETARY INFORMATION**

1. **TOTAL PROJECT BUDGET: PIP** *(enter latest A-1 “Total Project Budget”*) **$**

**Non-PIP** *(enter Agency’s project budget)* **$**

1. **Construction Budget for this Contract:**

*(including Construction Contingency):* **N/A [ ]**  **$**

1. **total Basic and additional Services Fees for this Contract:**

*(cannot exceed $25,000.)* **$**

1. **Estimated Reimbursables for this Contract:** **$**
2. **TOTAL CONTRACT AMOUNT:** (*sum of #3 and #4*) **$**
3. **SUM OF ALL FEES PAID TO THIS FIRM IN THE PAST 24 MONTHS,**

**EXCLUDING REIMBURSABLES:** *(cannot exceed $75,000.)* **$**

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

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. SE-230

2. Copy of signed proposal with SE-240 attached or SE-235 with sign proposal attached.

 **OSE PM: DATE:**