**SE-620**

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

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**FIRM SELECTED**

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

**NAME:**

**CITY**:       **STATE:**

**EMAIL:**       **TELEPHONE:**

**BUDGETARY INFORMATION**

1. **MAXIMUM ALLOWED INDEFINITE DELIVERY CONTRACT AMOUNT:** **$**
2. **MAXIMUM AMOUNT OF THIS CONTRACT:** **$**
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 SC Code **§** 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 SE-611
3. Copy of SE-612
4. Copy of signed SE-614 for each Committee member
5. Copy of all SE-615's and the SE-617
6. Copy of SE-619
7. Copy of proposed Contract signed by firm selected but NOT signed by the Agency