**SE-635**

**PROFESSIONAL SERVICES IDC DELIVERY ORDER – SMALL CONTRACT**

**AGENCY:**

**DELIVERY ORDER PROJECT NAME:**

**DELIVERY ORDER PROJECT NUMBER:**

**IDC PROJECT NUMBER:**

**A/E:**

**ADDRESS:**

|  |
| --- |
|  **DELIVERY ORDER CONTRACT****COST INFORMATION:** |
| **1.** | Maximum Total Amount of this IDC, excluding Reimbursables: |  | $       |
| **2.** | Amount of this Delivery Order, excluding Reimbursables: | $       |  |
| **3.** | Total of Previous Delivery Orders (including Modifications & excluding Reimb.): | $       |  |
| **4.** | IDC Total, Including this Delivery Order and excluding all Reimbursables: |  | $ 0.00 |
| **5.** | Balance Remaining for this IDC, excluding Reimbursables: |  | $ 0.00 |
|  |  |  |  |
| **6.** | Total Reimbursable Expenses for this Contract |  | $       |

**DESCRIPTION OF DELIVERY ORDER SCOPE:** *(attach A/E’s Proposal)*

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

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| **SCHEDULE:** |
|       |

The Agency and the A-E hereby agree, as indicated by the signatures below, to the scope of work identified in the Contract Documents listed above, the A/E’s Cost Proposal dated the  day of , 20, and this Delivery Order which shall be assigned to the Indefinite Delivery Contract identified above.

**NOTICE TO PROCEED** is hereby given on this the  day of , 20. Time is of the essence of this Delivery Order. The Dates of Commencement and Completion are as noted above and will be used for determining completion and the applicability of Delay Damages. Failure to commence actual work on this Delivery Order within seven (7) days from the Date of Commencement will entitle the Agency to consider the A/E non-responsible. In this event, the Agency may withdraw this Delivery Order and terminate the Contract in accordance with the Contract Documents.

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| **AGENCY:** | **A/E:** |
| **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:**

**CONFIRMED BY: DATE:**

*(Signature of Agency Representative)*

**TITLE****:**