Municipality of Anchorage

Port of Alaska

PORT OF ALASKA MODERNIZATION PROGRAM
DESIGN/BUILD SERVICES FOR
HELIPAD AND ACCESS ROAD

REQUEST FOR PROPOSAL NO. 2026P002

SECTION V

Sample Contract

Exhibit J
Sample Forms

SUBMITTAL COVER SHEET

Project _____ Date Submitted: _____

Contractor _____ Contract No. _____

Subcontractor /Supplier / Manufacturer: _____

Submittal No.: _____ Revision: _____

Submittal Type: ☐ Action ☐ Informational

Submittal Title: _____

Drawing Reference(s): _____

Specification Reference(s): _____

Standards Reference(s): _____

Submittal Description (inclusive of model number, style number, serial number and intended use:

Is this a deviation from Contract Documents (Yes/No)? _____

CQCSM Verification:

Complete either (a) or (b), following:

☐ (a) We have verified that the material or equipment contained in this submittal meets all the requirements specified or shown (no exceptions), and the submittal is required by the Contract Documents.

☐ (b) We have verified that the material or equipment contained in this submittal meets all the requirements specified or shown, except for the following deviations (list deviations; attach a separate sheet as necessary), and the submittal is required by the Contract Documents

CQCSM Signature: _____

Owner's Respresentative Review:

☐ No Exceptions Taken
☐ Exceptions Noted
☐ Revise and Resubmit
☐ Rejected
☐ Review Not Required

Notes (additional notes/comments may be attached):

Owner's Representative Signature: _____

Corrections or Comments made relative to submittals during this review do not relieve the Contractor from compliance with the requirements of the Drawings and Specifications. This submittal is only for review of general conformance with the design concept of the Project and general compliance with the information given in the Contract Documents. The Contractor is responsible for confirming and correlating all quantities and dimensions; selecting fabrication processes and techniques of construction; coordinating his work with that of other trades; and performing his work in a safe and satisfactory manner.

Request for Information / Deviation Request Aconex Form

Type * Request For Information

To Directory

Cc Directory

Response Required * -- Select --

Subject *

Details

RFI Type: * -- Select --

Contract/Task: * -- Select --

Capitol Asset: * -- Select --

Specification Reference: * -- Select --

Drawing Reference: * -- Select --

Subcontractor: -- Select --

Other Reference:

Cost Impact? (If Yes, Enter Details) * -- Select --

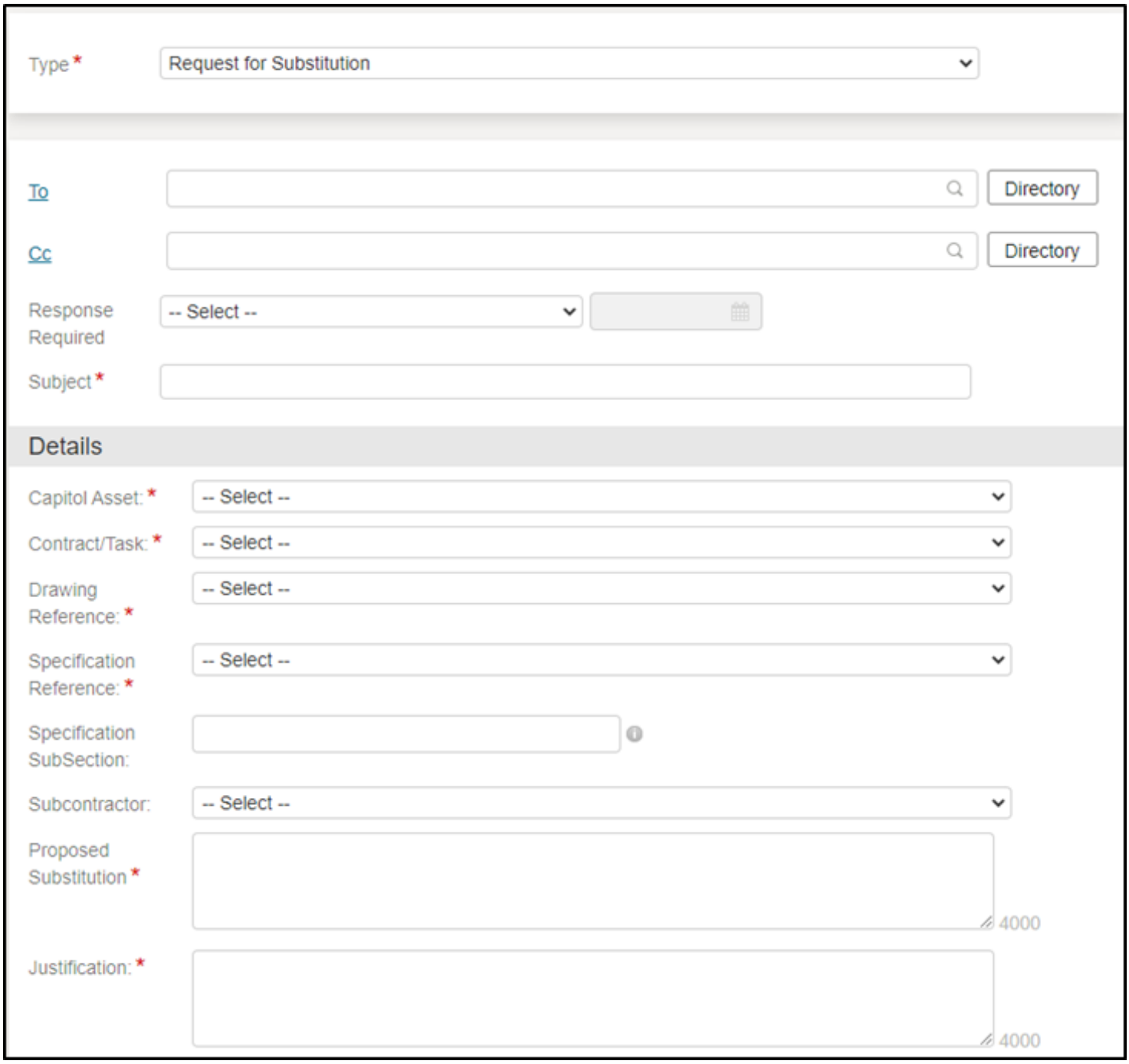
Schedule Impact? (If Yes, Enter Details) * -- Select --

Cost/Schedule Impact Details: 4000

Question/Description of Issue: * 4000

Proposed Resolution: 4000

Substitution Request Aconex Form



PARTIAL PAYMENT FORM

Project Name: SHEET 1 of 1
Contractor: Contract No.
Address:
Period Covered by this Estimate: _____ Thru _____ Estimate No. _____ Date:

SCHEDULE	CONTRACT AMOUNT	PREVIOUS EARNINGS	AMOUNT THIS ESTIMATE	TOTAL AMOUNT EARNED
Base Bid				
TOTAL	$0.00	$0.00	$0.00	$0.00

Original Contract Amount: **$0.00**
Change Order No(s). **$0.00**
Revised Contract Amount: **$0.00**

Notice to Proceed:
Substantial Completion Date:
Original Contract Completion Date: N/A
Revised Contract Completion Date:
Percentage Complete: Actual % Scheduled: %

Total Earnings to Date: **$0.00**
% Retained: Amount Deducted: **$0.00**
Other Deductions: **$0.00**
Previous Payments: **$0.00**

Total Deductions: **$0.00**
Amount Due Contractor: **$0.00**

I certify that the above bill is correct, that payment therefore has not been received, that all conditions of purchase have been complied with, and that State or local taxes are not included in the amount billed.

Contractor's Representative Date

Title:

I certify that I have checked the quantities covered by the estimate, that the work has been performed, that the quantities are correct and that the quantities and amounts are apparently consistent with the requirements of the contract.

Owner's Representative Date

Port Engineer Date

Port Director Date

FINAL PAYMENT FORM

Project Name: SHEET 1 of 1

Contractor: Contract No.

Address:

Period Covered by this Estimate: _____ Thru _____ Estimate No. Date:

SCHEDULE	CONTRACT AMOUNT	PREVIOUS EARNINGS	AMOUNT THIS ESTIMATE	TOTAL AMOUNT EARNED
TOTAL	$0.00	$0.00	$0.00	$0.00

Original Contract Amount: **$0.00**

Change Order No(s). **$0.00**

Revised Contract Amount: **$0.00**

Notice to Proceed:

Substantial Completion Date:

Original Contract Completion Date:

Revised Contract Completion Date:

Percentage Complete: Actual % Scheduled: %

Total Earnings to Date: **$0.00**

% Retained: Amount Deducted: **$0.00**

Other Deductions: **$0.00**

Previous Payments: **$0.00**

Total Deductions: **$0.00**

Amount Due Contractor: **$0.00**

I certify that the above bill is correct, that payment therefore has not been received, that all conditions of purchase have been complied with, and that State or local taxes are not included in the amount billed.

Contractor's Representative Date

Title:

The Contractor agrees, upon executing the Final Payment, that it shall

I certify that I have checked the quantities covered by the estimate, that the work has been performed, that the quantities are correct and that the quantities and amounts are apparently consistent with the requirements of the contract.

Owner's Representative Date

PAMP Engineering Manager Date

Port Director Date