**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 $50,000.)***:** **$**

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 $150,000.)***:** **$**

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

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

**SUBMIT THE FOLLOWING DOCUMENTS TO OSE:**

1. SE-230
2. Copy of either:
3. SE-235 with signed proposal from A/E attached, or
4. SE-240 with signed proposal from A/E attached.

**OSE PM: DATE:**