**SE-295**

**ASSESSMENT OF DAMAGES - PROFESSIONAL SERVICES CONTRACT**

**AGENCY:**

**PROJECT NAME:**

**PROJECT NUMBER:**

**PERSON OR FIRM (A/E) ASSESSED**

**NAME:**

**ADDRESS: Street/PO Box**:

**City:**       **State:**       **ZIP:**      -

**EMAIL:**       **TELEPHONE:**

**AGENCY CERTIFICATION**

I hereby certify that the Agency has reviewed the actions and work products provided by the A/E named above. In accordance with paragraph 4.9 of the *Manual for Planning and Execution of State Permanent Improvements, Part II*, I further certify that the Agency has determined it has reasonable cause to believe that the A/E has committed a negligent act or provided work products containing errors and omissions, described below, that have resulted in excess cost to the Agency. The Agency is hereby assessing damages against the A/E in the following amount:

**TOTAL DOLLAR AMOUNT ASSESSED:**

**BASIS FOR ASSESSMENT OF DAMAGES:**

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

*(Signature of Agency Representative)*

**Print Name:**       **Title:**

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

*(Signature of A/E – not required)*

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

*(OSE Project Manager)*

**AGENCY INSTRUCTIONS**

1. Forward a copy of the completed SE-295 to OSE

2. Send completed SE-295 to A/E