**2016 Edition**

**SE-690**

**CONSTRUCTION SERVICES IDC DELIVERY ORDER**

**AGENCY:**

**DELIVERY ORDER PROJECT NAME:**

**DELIVERY ORDER PROJECT NUMBER:**

**STATE IDC PROJECT NUMBER:**

**CONTRACTOR:**

|  |
| --- |
|  **DELIVERY ORDER CONTRACT****COST INFORMATION:** |
| 1. | Maximum Total Amount of this IDC: |  | $       |
| 2. | Maximum Total Amount Allowed for Delivery Order: | $       |  |
| 3. | Amount of this Delivery Order: | $       |  |
| 4. | Total Amount of Previous Delivery Orders (including Modifications): |  | $  |
| 5. | IDC Total, Including this Delivery Order: |  | **$**  0.00 |
| 6. | Balance Remaining for this IDC: |  | $ 0.00 |

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| **SCHEDULE:** |
| 1. | Date of Commencement: |  |  |
| 2. | Days Allowed |  |  |
| 3. | Date of Substantial Completion: |       |  |

**DESCRIPTION OF DELIVERY ORDER SCOPE OF WORK:** *(attach Contractor’s Proposal)*

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

The Agency and the Contractor hereby agree, as indicated by the signatures below, to the scope of work identified in the Contract Documents listed above, the Contractor’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     . The Dates of Commencement and Substantial Completion are as noted above and shall be used for determining completion and the applicability of Liquidated Damages. Liquidated Damages in the amount of $       per day will be assessed for failure to complete the Work by the agreed upon date of completion. 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 Contractor non-responsible, and may withdraw this Delivery Order and terminate the Contract in accordance with the Contract Documents.

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| --- | --- |
| **AGENCY:** | **CONTRACTOR** |
| **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:       LIQUIDATED DAMAGES ASSESSED:**

**CONFIRMED BY: DATE:**

*(Signature of Agency Representative)*

**TITLE:**