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**SCOPE OF WORK APPROVAL FORM**

Contracting Agency and Consultant plan to enter into a contract that follows the process set forth in ODOE Commissioning Services for Schools RFQ and meeting all current SB 1149 requirements (see [*http://www.oregon.gov/energy/SCHOOLS/Sb1149/Pages/commissioning-requirements-for-school-buildings.aspx*](http://www.oregon.gov/energy/SCHOOLS/Sb1149/Pages/commissioning-requirements-for-school-buildings.aspx)). Contracting Agency and Consultant agree that this Scope of Work Approval Form is a complete and accurate description of the scope of work contemplated for the contract. Consultant agrees to complete and deliver to Contracting Agency the services described in the Statement of Work below. Any changes made to the scope of services described herein after ODOE approval may not be eligible for reimbursement through the SB 1149 Schools Program.

**Contracting Agency Contract #: Date:**

## CONTACT INFORMATION

Contracting Agency:

Contact Person and Title:

Mailing Address:

Phone:

E-mail:

Consultant/Commissioning Firm:

Contact Person and Title:

Mailing Address:

Phone:

E-mail:

## STATEMENT OF WORK

Consultant will perform the services described herein at the Facility or Facilities identified below. The scope of services for commissioning each Energy Efficiency Measure (EEM) includes all services as detailed in the Commissioning Requirements and Commissioning Report Requirements Document unless specifically noted in sections below. The consultant shall specify if any of the required services are excluded from this contract.

Additional sheets attached? [ ]  YES [ ]  NO

*Attached documentation is not a replacement for completing this form.*

Will Consultant use sub-consultants or subcontractors for this project? [ ]  Yes [ ]  No. If so, please list subconsultant(s) and role(s).

For HVAC Projects: Commissioning Agent to Perform Testing and Balancing [ ]  , **OR**

Commissioning Agent to Review Testing and Balancing as performed by TAB Contractor [ ]  , **OR**

 N/A (no airside HVAC projects included in scope) [ ]

***TASK 1***

Name(s) of Facility:

Physical Address:

Facility Contact Person (*if different than listed above*):

Phone:

Email:

**Commissioning of project and/or equipment for Energy Efficiency Measure (EEM) identified in an energy audit dated**

 **. Include EEM number and describe EEM below:**

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

**Project Description and/or Additional Instructions**

***TASK 2***

Name(s) of Facility:

Physical Address:

Facility Contact Person (*if different than listed above*):

Phone:

Email:

**Commissioning of project and/or equipment for Energy Efficiency Measure (EEM) identified in an energy audit dated**

 **. Include EEM number and describe EEM below:**

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

**Project Description and/or Additional Instructions**

***TASK 3***

Name(s) of Facility:

Physical Address:

Facility Contact Person (*if different than listed above*):

Phone:

Email:

**Commissioning of project and/or equipment for Energy Efficiency Measure (EEM) identified in an energy audit dated**

 **. Include EEM number and describe EEM below:**

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

EEM EEM Commissioning cost

**Project Description and/or Additional Instructions**

## COST

The maximum compensation payable by Contracting Agency to Consultant for the work described herein, which includes any allowable expenses is $ . The total amount that will be requested for reimbursement through Contracting Agency’s SB 1149 funds is $ .

These costs are broken down, by task, as follows:

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Total Facility Cost** | **SB 1149 Cost** |
| **Task 1:**  |  |  |
| **Task 2:** |  |  |
| **Task 3:** |  |  |
| **Total Costs:** |  |  |

**AUTHORIZED SIGNATURES**

Contracting Agency and Consultant agree that the Statement of Work and the Costs described herein are an accurate depiction of the planned work.

Contracting Agency: Date:

 Signature

 Title:

 Printed Name

Consultant: Date:

 Signature

 Title:

 Printed Name