



**State of Oklahoma
Office of Management and Enterprise Services
Capital Assets Management
Construction and Properties Department**

**Request for IDIQ
Consultant/Contractor**

| PROJECT INFORMATION | | | | |
|---|--------------|---|---|------------------------|
| Date: | Agency Name: | CIP Project? <i>(See 1 below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | CIP Project No.: | CAP IDIQ Contract No.: |
| Project (Work) Location: | | | Type of Consultant/Contractor Requested: <i>(See 2 below)</i> | |
| Description of Project (Work): <i>(See 3 below)</i> | | | | |
| REQUESTING INDIVIDUALS INFORMATION | | | | |
| Agency Name: | | Title: | | |
| Contact Name: | | Phone Number: | | |
| | | Email: | | |
| AGENCY CONTACT INFORMATION | | | | |
| Agency Name: | | Title: | | |
| Contact Name: | | Phone Number: | | |
| | | Email: | | |
| SITE CONTACT INFORMATION <i>(if other than Agency Contact listed above)</i> | | | | |
| Agency Name: | | Title: | | |
| Contact Name: | | Phone Number: | | |
| | | Email: | | |

Email Completed Form to CAP@omes.ok.gov

INSTRUCTIONS:

1. If IDIQ request is in connection with a Capitol Improvement Project (CIP), please check the "Yes" box and provide the CIP Project Number, if known.
2. Consultant/Contractor available through IDIQ are (please use one of the following): Architect (Space Planning), Architect (Design), Landscape Architect, Electrical Engineer, Mechanical Engineer, Civil Engineer, Structural Engineer, Construction Inspector, Land Surveyor, Geotechnical Engineer, Environmental Consultant, and Environmental Abatement Contractor.
3. Describe the project in sufficient detail so that CAP can determine the relevant consultant/contractor to assign. Provide any specific requirements or qualifications the consultant/contractor should possess.

Please call Construction and Properties at (405) 521-2112 with any questions prior to submitting this Request.

For Internal Use Only:

| | | | |
|---------------------------------------|-------|-------------------------------|-------|
| Consultant/Contractor Assigned: | _____ | | |
| Phone Number: | _____ | Email Address: | _____ |
| Date Consultant/Contractor Contacted: | _____ | Date Fee Proposal Received: | _____ |
| Date Proposal Accepted | _____ | Date Requisition Received: | _____ |
| Date Confirmed Notice Sent: | _____ | CAP Project Number: | _____ |
| Project Manager Assigned Date | _____ | Project Manager Assigned Name | _____ |