

ATTACHMENT 3 – (EXHIBIT D) - PROJECT MANAGEMENT CHECKLIST

Job #		Job Name:	
Client Agency Name:		Today's Date:	
Installation Address:			

CONTRACTOR NAME AND ADDRESS:			
Name:			
Address:			
City:	State:	Zip:	

GENERAL JOB INFORMATION:			
Date Quote Requested:		Date Quote Provided:	
Purchase Order Number:		Date Purchase Order Issued:	
Anticipated Project Start Date:		Actual Project Start Date:	
Turnkey Operation:	(YES) (NO)	Anticipated Completion Date:	
Site Inspection Completed:	(YES) (NO)	Date Site Inspection Completed:	

CLIENT AGENCY CONTACT INFORMATION FOR PROJECT:			
Client Agency Site Contact			
Name	Phone	Cell / Alt. Phone	Email
Alternate Client Agency Contact			
Name	Phone	Cell / Alt. Phone	Email
Alternate Client Agency Contact			
Name	Phone	Cell / Alt. Phone	Email
Client Agency Purchasing Contact			
Name	Phone	Cell / Alt. Phone	Email

CONTRACTOR CONTACT INFORMATION FOR PROJECT:			
Contractor Account Manager Contact			
Name	Phone	Cell / Alt. Phone	Email
Contractor Backup Manager Contact			
Name	Phone	Cell / Alt. Phone	Email

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Contractor Project/Installation Manager Contact			
Name	Phone	Cell / Alt. Phone	Email

Contractor Service Manager Contact			
Name	Phone	Cell / Alt. Phone	Email

Contractor Regional Manager Contact (Account Manager's Supervisor)			
Name	Phone	Cell / Alt. Phone	Email

SUBCONTRACTOR(S) INFORMATION: (Contractor must list all subcontractors that will be utilized for this project.)			
Subcontractor 1 – Name and Address:			
Contact Name	Phone	Cell / Alt. Phone	Email
Service(s) to be Provided:			
Original subcontractor's quote provided to Client Agency:		(YES)	(NO)
Subcontractor 2 – Name and Address:			
Contact Name	Phone	Cell / Alt. Phone	Email
Service(s) to be Provided:			
Original subcontractor's quote provided to Client Agency:		(YES)	(NO)
Subcontractor 3 – Name and Address:			
Contact Name	Phone	24hr. Phone	Email
Service(s) to be Provided:			

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Subcontractor 1 original quote provided to Client Agency:	(YES) (NO)
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Subcontractor 2 quote provided to Client Agency:	(YES) (NO)
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Original subcontractor 3 quote provided to Client Agency:	(YES) (NO)
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EQUIPMENT PRE-INSTALLATION CHECKLIST FOR CONTRACTOR:

Type of equipment to be installed:	
Analog Cameras	Video Extenders
IP Cameras	USB Extenders
Video Monitors	Media Converters
Equipment Racks	Patch Panels
Network Switches	UTP Transceiver HUB & Power Supply
PC Master Servers	UTP Baluns
PC Recorder Servers	Video Monitor Mounts
External Data Storage	Camera Housings & Mounting Brackets
PC Workstation	Uninterruptable Power Source
Keypad Controllers	Software & Software Licenses
KVM	Camera Licenses
Surge Protection	Extended Manufacturer Warranty and Services
Power Supplies	Other?

Is a network connection required?	YES	NO	N/A	If yes, how many?	
Location of network connection identified and marked?	YES	NO	N/A		
IP address(s) requested?	YES	NO	N/A	How many?	
IP address(s) installed?	YES	NO	N/A	How many?	

Is power provided where necessary for panels, field devices, etc.?	(YES) (NO)				
If no power outlets, location of power outlets identified and marked?	(YES) (NO)				
Electrical Outlet(s) requested?	YES	NO	N/A	How many?	Type? (Double) (Quad)
Electrical Outlet(s) installed?	YES	NO	N/A	How many?	Type? (Double) (Quad)

Prevailing Wage Project?		Has Client Agency applied to Dept. of Labor for rates?	
Standard Wage Rate Project?		Has Client Agency applied to Dept. of Labor for rates?	

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INSTALLATION PROCESS:					
Contractor is required to attend job meetings.					
Date of Job Meetings:					

Progress Review of the Installation with the Client Agency:	Date of Meeting:
1 st meeting at 25% installation completion:	
2 nd meeting at 50% installation completion:	
3 rd meeting at 75% installation completion:	
Additional Meetings:	

TRAINING:				
Systems training planned?	YES	NO	N/A	
Systems training completed?	YES	NO	N/A	Date completed:

Does Client Agency require additional training at a cost to the Client Agency?		Contractor provide quote to Client Agency?	
List any additional training required by Client Agency:			

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INSTALLATION COMPLETION:	
Date installation completed?	
After installation of new equipment has been completed, state the date when the site walk-through with the Client Agency was done.	
After installation of new equipment has been completed, state the date when the site walk-through with the Client Agency was done.	
Date documentation to include operation and maintenance manuals provided to the Client Agency per Section 1.6 of Exhibit A:	

FINAL SIGN OFF OF EQUIPMENT

CONTRACTOR ACCOUNT MANAGER			
Contractor Account Manager shall sign below when the equipment has been installed, is in proper working order and meets all specifications; site walk-through has been completed; training has been provided to the Client Agency; and projects discs and documentation have been provided to the Client Agency.			
Signature:		Date:	
Print Name:		Title:	

By signing below, you agree that all the equipment has been installed, is in proper working order as of the date of your signature only and meets all specifications as of the date of your signature only; site-walk-through has been completed; you have received initial training on all equipment (as applicable); you have received project discs and documentation; and the Client Agency is accepting the equipment, as installed, for purposes of the Contract.			
CLIENT AGENCY REPRESENTATIVE			
Signature:		Date:	
Print Name:		Title:	

