



## PROJECT MANAGEMENT & RENOVATIONS AGENCY MANAGED PROJECTS (AMP)

| Project Profile:        |  | Project Type:  |  |
|-------------------------|--|--|--|
| Agency's Project Title: |  | Please check the item which identifies the type of work requested: |  |
| Agency/Division:        |  | <input type="checkbox"/>   | Painting interior walls or ceilings                              |
| Building Name:          |  | <input type="checkbox"/>   | Painting interior doors, frames, or cabinets                     |
| Project Address:        |  | <input type="checkbox"/>   | Painting floors  |
| Lease Number:           |  | <input type="checkbox"/>   | Replacing floors   |
| Project Start Date:     |  | <input type="checkbox"/>   | Replacing existing interior doors/frames/glazing/hardware/keying |
| Project End Date:       |  | <input type="checkbox"/>   | Replacing, removing, or adding window coverings                  |
| Project Description:    |  | <input type="checkbox"/>   | Replacing, deleting, or adding cubicle components                |
|                         |  | <input type="checkbox"/>   | Projects that do not require permitting                          |

**All it takes is three easy steps:** 1) complete this form (including securing the facilities manager signature); 2) attach highlighted floor plans; 3) submit to: [PMR@dms.myflorida.com](mailto:PMR@dms.myflorida.com) (please put AMP and your agency name in the subject line)

**\*Note:** If your requested project does not fall into one of the categories listed above, please submit the request as a Client Agency Agreement using the other form listed within the "Project Management & Renovations" site.

### AGENCY ATTESTATION FOR AGENCY MANAGED PROJECTS (AMP)

**The parties signing below hereby attest to all the following requirements:**

- 1) The undersigned must verify all vendors and subcontractors have current DMS Background approvals before any worker enters a DMS Facility.**
- 2) The undersigned have knowledge and understanding of Florida Building Codes; professional licensure per the Florida Department of Business & Professional Regulation; City business license regulations (city in which work shall be performed); State fire Marshall Regulations; City or County Permitting Rules; and DMS REDM Policies and Procedures.**
- 3) The undersigned, having knowledge and understanding of all codes, regulations, rules, policies and procedures, attest to adhere to, manage all vendor activities and execute all requirements, per the approved scope of the project detailed in this request. The Agency is legally responsible for the project, per the issuance of purchase orders or other procurement activities.**
- 4) The undersigned acknowledge DMS REDM will conduct periodic reviews of all projects within the Agency's leased space. Any deviations from the approved PM&R AMP request as submitted, or failure to comply with all codes, regulations, rules, policies and procedures will result in the issuance of an immediate Client Agency Agreement (CAA) for the Agency to pay for the remedy of deficiencies.**



## PROJECT MANAGEMENT & RENOVATIONS AGENCY MANAGED PROJECTS (AMP)

### AGENCY'S GENERAL SERVICES' (OR EXECUTIVE MANAGEMENT DESIGNEE'S) AGREEMENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### AGENCY'S PROJECT MANAGER AGREEMENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

***Attachments: Floorplan with Project Scope (plan highlighted to show area of work, or before/after drawings; description of work to be performed, as applicable)***

### DMS FACILITIES MANAGER REVIEW [MUST BE SIGNED PRIOR TO SUBMISSION]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_