

Effective June 1, 2007, the DPMC-1 Project Alert must be entered directly into LBAM (Land & Building Asset Management) system by the Client. After you electronically submit the alert to DPMC through LBAM, print the form, sign it, attach supporting documentation, and mail the package to:

NJ Department of Treasury
Division of Property Management & Construction
Bureau of Design & Construction ATTN George Bear
P O Box 235
Trenton NJ 08625-0235

You will receive an e-mail confirmation of your approval and request for funding.

<http://snj156.tmis.treas.state.nj.us/lbam/index.aspx>

If you have any questions regarding LBAM or need training, call Steve Sagnip, OMB, at 609-292-3175.

If you have any questions regarding the Project Alert process call George Bear, DPMC, at 609-984-6238.

DPMC PROJECT ALERTDepartment of the Treasury
Division of Property Management & ConstructionForward completed Project Alert to:
DPM&C Bureau of Design & Construction
PO Box 235, Trenton, New Jersey 08625-0235

| | | | | |
|----------------|----------------|-------------------------|---------------|----------------|
| Date: | Client Agency: | Client Project Manager: | Phone Number: | |
| | | | Fax Number: | |
| Project Title: | | Location/Facility: | County: | Fixed Asset #: |

Description of Project or Consultant Deliverables, including potential coordination issues with ongoing or planned projects (attach additional sheets as required):

OMB justification attached

Scope of Work: Attached Needs to be Developed TYPE II requested (attach justification)

Previous Study: Yes No Study/Scope Prepared By: _____

| Project Budget Estimate | | Funding Sources | |
|-------------------------------|------------------------|--|-----------------|
| Accounting Phase | Amount | Source | Amount |
| A Land Acquisition | \$ _____ | Bond Funds: | |
| C Construction | \$ _____ | Acct. No. _____ | \$ _____ |
| D Design | \$ _____ | Acct. No. _____ | \$ _____ |
| E Environmental Impact Study | \$ _____ | Federal Funds: | |
| F Furnishings & Fixtures | \$ _____ | Acct. No. _____ | \$ _____ |
| I Site Preparation | \$ _____ | Acct. No. _____ | \$ _____ |
| K Affirmative Action | | General Funds: | |
| M Management Fees | \$ _____ | Acct. No. _____ | \$ _____ |
| N Construction Management | \$ _____ | Acct. No. _____ | \$ _____ |
| O Contingency | Design: \$ _____ | Other Funds: | |
| | Construction: \$ _____ | | Acct. No. _____ |
| P Permits | \$ _____ | Total Funding \$ _____ | |
| R Fine Arts | \$ _____ | Agency Authorization/Certification: My signature below authorizes the commitment of funds to DPMC to proceed with this project and to establish a current fiscal year requisition (RD) for all project monies credited by Change Order or Amendment Request, which will be accounted for as contingency in the project account. Signature: _____ Date: _____ Title: _____ | |
| S Site Evaluation | \$ _____ | | |
| W Scope of Work Development | \$ _____ | | |
| Total Estimated Budget | \$ _____ | | |

DPMC USE ONLY

| | | | |
|----------------------------------|-------------|--------------------|-------|
| DPMC Management Fee: | _____ | Project #: | _____ |
| | Code | Description | |
| Project Manager Assigned: | _____ | | |

DPMC-1, Project Alert Instructions

Date – Date Project Alert is submitted to DPMC

Client Agency – State department that owns or operates the facility(ies) described in “Location” section below. NOTE: This is not necessarily the funding agency – often projects are funded by tenant agencies or by federal funds.

Agency Project Manager – Employee of the Client Agency who will be the primary liaison with DPMC throughout the project

Phone Number – Phone number of Agency Project Manager

Fax Number – Fax number of Agency Project Manager

Project Title – Very brief title summarizing the work that needs to be done; example: “Roof Replacement @ Administration Building”, “Feasibility Study – New Dam Location”, “UST Removal/Remediation”, “Replace Emergency Generators”, etc...

Location – Include the building, campus, complex and/or park name, and municipality; example: “Vroom Building, TPH, Trenton”, “Maintenance Yard, Lodi”, “H&A Laboratory, Trenton”, “Various LOC Fueling Sites”, etc...

County – County name corresponding to “Location” above

Fixed Asset # -- from RFAS Revised Fixed Asset System per Circular Letter 01-07-OMB

Description – Briefly describe the work that needs to be done; check the appropriate box to indicate whether a full scope of work has already been developed or needs to be developed. If a scope has already been developed please indicate in the description the name of the consultant firm that prepared the scope and under what Agency Consultant project number. If you are requesting that this project be managed by your Client Agency staff (Type II project) check the appropriate box and attach or include a justification.

Project Budget Estimate – Estimate the total cost of each line item of the Accounting Phase for this project; refer to Circular Letter 94-34-GSA for guidelines pertaining to Affirmative Action, Management Fees, Contingencies, Permits, and Fine Arts.

Funding Sources – Identify the specific account numbers and amounts available to fund this project.

Agency Authorization – Signature of Client Agency representative who is authorized to commit Agency funds for this project.

Attachments required:

- Copy of Scope of work if one has already been prepared
- Copy of Study if one has already been prepared
- Justification memo for Type II requests
- Project Justification memo for OMB review and approval of project