

PROJECT DATA FORM

Date: _____

This form does not need to be submitted to DCM. It is for your office use and the Contractor's office use, if needed.

DCM (BC) No. _____

PROJECT (NAME AND LOCATION)	OWNER (FULL ENTITY NAME, ADDRESS, & PHONE No.)
CONTRACTOR (FULL CO. NAME, ADDRESS, & PHONE No.)	ARCHITECT/ENGINEER (FIRM NAME, ADDRESS, & PHONE No.)

FUNDING SOURCE:	PSCA	LOCAL	STATE	OTHER _____
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CONTRACT AMOUNT: \$
Alternates Included in Contract:

CONTRACT TIME	Date Bids Rec'd:	Date of Contract:
Work Start Date:	Time Limit:	Scheduled Completion Date:

BONDS and INSURANCE
Performance Bond By:
Payment Bond By:
Builder's Risk By:
Workman's Compensation By:
Liability By:

****PRECONSTRUCTION CONFERENCE NOTE****

Please contact the appropriate DCM Inspector for this project by telephone or email at least fourteen (14) days prior to scheduling the Pre-Construction Conference. Inspector territories and email addresses are on the Staff webpage of www.dcm.alabama.gov.

Len Kirk - (334) 850-2067	Chandler Gann - (334) 320-1844
Paul Gray - (256) 248-5202	David Roberson - (256) 299-0517
Corey Odom - (334) 320-1721	Steve Pendley - (251) 331-2319
Don Williams - (256) 248-5147	