

## PROJECT MANAGEMENT & RENOVATIONS CLIENT AGENCY AGREEMENTS

To submit a Client Agency Agreement (CAA) to the Department of Management Services (DMS), please take the following steps:

- 1) Complete this form;
- 2) Secure the Facilities Manager’s signature;
- 3) Submit the Form and Attachments listed below to: [PMR@dms.fl.gov](mailto:PMR@dms.fl.gov)  
(Please put CAA and the agency name in the subject line)

Client Agency Agreements are required when the Project:

- Requires permitting, and/or
- Affects electricity, heating & cooling, plumbing, or fire sprinklers.

Note: If the requested project does not meet the criteria above, the request may be submitted as an Agency Managed Project (AMP). Please review the AMP form on the “Project Management & Renovations” webpage. DMS reserves the right to review all projects and determine if the project is an AMP or a CAA.

<b>Agency Profile</b>	
Agency:	
Agency Address:	
Division or Bureau:	
Project Contact Name:	
E-Mail & Telephone:	
Budget Contact Name:	
E-Mail & Telephone:	
DMS Lease Number:	
Area of Building:	
Completion Deadline:	
Scheduling Limitations:	

<b>Project Profile</b>	
Project Title:	
Project Address:	
Building Name:	
Project Description:	

<b>Funding Profile</b>	
Project Budget:	
DMS Fee Included or Added:	
Indicate if the DMS Fee will be <b>Included</b> in the Agency's project budget – or – Indicate if the DMS Fee will be <b>Added</b> to the Agency's project budget. Example of <i>Added</i> DMS Fee: \$500,000 + DMS Fee \$14,872 = \$514,872	
Type of Funding: (FCO, Operations, etc.)	
Date Funds Expire:	
Federal Funds and Amount:	

*Note: DMS is unable to process a CAA request without an established project budget.*

**REQUIRED ATTACHMENTS:**

- Highlighted floorplans showing the location of the work and requested alterations.
- LBR documentation if the Project request was funded by the Legislature.
- Quotes obtained from local Vendors to establish the budget.

**AGENCY FINAL CHECKLIST:**

- Project Profile completed
- Attachments compiled and included
- Agency Attestation completed
- Facilities Manager Signature

**Date CAA Submitted by Agency:** \_\_\_\_\_

(to be completed by the Agency and verified by DMS)

- Please reference the DMS webpage for the deadline for CAA requests.

**DMS REQUIRED REVIEW**

Note: The signature of the Facilities Manager does not indicate approval of the CAA. The Agency must receive approval from DMS Bureau of Building Construction prior to any work beginning.

**DMS Facilities Manager Review [must be signed prior to submission]**

Print Name:		E-Mail:	
Title:		Telephone:	
Signature:		Date:	
Comments:			