# MEMORANDUM

## **Missouri Department of Transportation**



**TO:** Professional Services Committee

**CC:** Assistant Chief Engineer-do

State Bridge Engineer-br

**FROM:** District Engineer or Division Engineer

**DATE:** August 11, 2008

**SUBJECT:** Division

##### Route (\_\_\_\_\_), (\_\_\_\_\_\_) County

Job No. (\_\_\_\_\_\_\_\_)

PSC Approval to Execute Supplemental Agreement No. 1

Project Description (physical description) - This project will provide the improvement of (*length*) of Route (*route*) in (*county*) County from (*termini*) to (*termini*).

Scope of Services - The consultant will provide professional, technical, and other personnel, equipment, material, and all other things necessary for preparing (*scope of services for the supplemental*).

Period of Service - The consultant will complete the scope of services within (*number*) calendar days from the issuance of the notice to proceed inclusive of necessary review time.

DBE Participation Obtained by Consultant: The Consultant has obtained DBE participation, and agrees to use DBE firms to complete, ( *%*) of the total services to be performed under this Agreement, by dollar value. The DBE firms which the Consultant shall use, and the type and dollar value of the services each DBE will perform, is as follows:

DBE FIRM PERCENTAGE

NAME, CONTRACT OF

STREET AND TOTAL $ $ AMOUNT SUBCONTRACT

COMPLETE TYPE OF VALUE OF TO APPLY DOLLAR VALUE

MAILING DBE THE DBE TO TOTAL APPLICABLE TO

ADDRESS SERVICE SUBCONTRACT DBE GOAL TOTAL GOAL

Supplemental Cost - Man-hours (in hours) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Total Overhead Charges \_\_\_\_\_\_\_\_\_\_%

Original Contract Cost - Man-hours (in hours) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percent Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Total Overhead Charges \_\_\_\_\_\_\_\_\_\_%

Total Cost of “new” Contract-(original plus supplemental(s)) Man-hours (in hours) \_\_\_\_\_\_\_\_\_\_

Engineering Cost as a percentage of Construction Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Percent Profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Total Overhead Charges \_\_\_\_\_\_\_\_\_\_%

Revisions to Original Contract and previous Supplementals:

1. (*Revision number 1)*
   1. *(thoroughly explain the reason for the supplemental agreement – be descriptive)*
2. (*Revision number 2)*
   1. *(thoroughly explain the reason for the supplemental agreement – be descriptive)*
3. *…*

**Is the request for supplemental agreement a result in an identified measure that will reduce project costs?  yes  no**

**If yes, what is the expected savings $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Supplemental No. (*Number*)

Current Supplemental New

Agreement Agreement No. 1 Contract Total

Actual Cost $532,753.00 $12,197.00 $544,950.00

Fixed Fee $59,454.00 $1,493.00 $61,038.00

Total Cost $592,207.00 $13,690.00 $605,988.00

DBC Budget Expenditures FY2013\_\_\_\_\_\_\_\_ FY2014\_\_\_\_\_\_\_\_ FY2015\_\_\_\_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Consultant: (*Name of Firm*)

Sub-consultants: (*Name of Firm or Firms and DBE classification if applicable*)

Cost: (*Cost Excluding Fixed Fee*)

Fixed Fee: (*Amount of Fixed Fee*)

Total Cost: (*Contract Ceiling*)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Man-hours and cost review by:

Design Liaison Engineer

Bridge Structural Liaison Engineer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Approval (Traffic, Environmental, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Professional Services Committee Approval**

#### Agree Request Meeting Signature Date

Don Hillis

Assistant Chief Engineer

Dennis Heckman

State Bridge Engineer

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Professional Services Committee