# MEMORANDUM

## **Missouri Department of Transportation**



**TO:** Professional Services Committee

**CC:** Dennis Heckman-br

 Machelle Watkins–tp (*for feasibility studies, MIS, or planning studies only*)

 Dave Ahlvers–cm (*for construction inspection or geotech. contracts only*)

 Eileen Rackers–tr (*for ITS or traffic modeling contracts only*)

 Sally Oxenhandler–pi *(for contracts that involve public involvement sub consultants)*

 Design Liaison Engineer – de

**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 - 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. *(State Reason for Revision)*
2. (*Revision number 2)*
	1. *(State Reason for Revision)*
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

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other specialty area as applicable* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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####  Agree Request Meeting Signature Date

Dennis Heckman

State Bridge Engineer

As needed

Additional Division Head

Note: Route among committee members before transmitting to PSC Chair.

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

 Chair, Professional Services Committee