# University of Minnesota

# ***Consulting Services***

### **Amendment Proposal Request (B102)**

### **CONTRACT AMENDMENT**

### This section is to be completed by the University of Minnesota's designated Project Manager

**PROPOSAL RESPONSE DUE DATE:**

(Include day, date, time, location, the name of the person who should receive the proposal)

**Project Name:**

**University Project Number:**

**Original Proceed Order Number or Contract Date:**

**University Project Manager:**

*(Include name, address, phone number, and e-mail address.)*

**Project Description:**

(If the Project Description has not changed, LEAVE THIS BLANK.)

**Scope of Services:**

(If the Scope of Services has not changes, LEAVE THIS BLANK.)

**Owner-Employed Consultants:**

(If the status of Owner-Employed Consultants has not changed, LEAVE THIS BLANK.)

**Agreement Form:**

The Agreement Form for this Project shall be the existing Project AIA Document B102-2007 (the "Agreement"), or Project AIA Document B727-1988 Notice to Proceed. The University-modified AIA Document can be found at the following website: [https://cpm.umn.edu/resource-center/contracts-forms/contract-forms](https://cpm.umn.edu/resource-center/contracts-forms/contract-forms%20%20%20%20)  **Consulting Services Proposal Form**

**AMENDMENT**

This document (the "Proposal"), when signed by Architect and approved by Owner, is incorporated into the Agreement between the Regents of the University of Minnesota and the Architect for non-design consulting services. The word Architect is used universally herein to identify the organization named in the Agreement.

The remainder of this form is to be completed by firm submitting the proposal. **FILL IN ONLY THE INFORMATION THAT IS CHANGED BY THIS AMENDMENT.** LEAVE ALL OTHER FIELDS BLANK.

**Article 1 ARCHITECT’S RESPONSIBILITIES**

Scope of Services shall be amended to include services and deliverables as described in the Proposal Request issued by the University for this Project, and as described in this Proposal Response Form. (List ONLY those services to be provided by the Architect that are associated with this Proposal.)

**Enumerate services and deliverables for all services being performed in the following format. Include only those services and costs associated with this proposal.**

|  |  |
| --- | --- |
|  | **COST** |
| Description of Services Associated with This Proposal: |  |
| Deliverables Associated with This Proposal: |  |

|  |  |
| --- | --- |
| **COST FOR ALL SERVICES AND DELIVERABLES ASSOCIATED WITH THIS PROPOSAL:** |  |
| **REIMBURSABLE EXPENSES ASSOCIATED WITH THIS PROPOSAL:**  (Not-To-Exceed) (Multiplier is Cost x 1.0, unless otherwise noted.) |  |
| **TOTAL COST ASSOCIATED WITH THIS PROPOSAL:**  (Cost for Services and Deliverables + Reimbursable Expenses) |  |

**ATTACH SHEET ENUMREATING HOURLY RATES TO BE CHARGED ON THIS PROJECT FOR EACH TEAM MEMBER.**

List only the Compensation Amount associated with this proposal.

**COMPENSATION**

Compensation shall be increased, decreased, or unchanged as follows (Select One):

**Alternative 1**

Hourly Not-To-Exceed Amount of $     .

**Alternative 2**

Lump-sum in the Amount of $     .

**REIMBURSABLE EXPENSES**

Reimbursable Expenses shall be increased, decreased, or unchanged as follows (Select one):

**Alternative 1**

The Not-To-Exceed Amount is included in the compensation established in Section 8.2.

**Alternative 2**

Not-To-Exceed Amount of $     .

If the following information has not changed, leave the unchanged field(s) blank.

This Proposal is based on the following information and assumptions:

The time parameters are:

(Identify, if appropriate, milestone dates, durations or fast track scheduling.)

Other important initial information is:

The Architect’s Designated Representative is:

*(List name, address, phone number, fax number, and e-mail address.)*

The consultants retained at the Architect’s expense are:

(List disciplines and if known, identify them by name and address.)

This section must be completed by Architect when submitting the Proposal.

**ARCHITECT CERTIFICATION:** ARCHITECT UNDERSTANDS THAT NO WORK SHALL BEGIN UNTIL THE AGREEMENT, WITH ALL REQUIRED SIGNATURES, HAS BEEN OBTAINED. ANY WORK PERFORMED BY ARCHITECT PRIOR TO SUCH TIME SHALL BE CONSIDERED AS HAVING BEEN PERFORMED AT ARCHITECT’S OWN RISK AND AS A VOLUNTEER.

Authorized Signature: Date:

Type or Print:

Name/Title Full Legal Name of Firm/Company

Email Phone

Address