# University of Minnesota

### **Consulting Services**

 *Pr****oposal Request (B102)***

### 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:**

**Project Location/Address:**

**University Project Manager:**

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

**Project Description:** (Include Project goals, objectives, type of work, schedule, delivery method, estimated construction cost, etc.)

**Scope of Services Required:** (Several sentences or a paragraph that describes the work that is to be completed by the architect, engineer or design team being selected. If you are looking for specific deliverables, you should state what they are here.)

**Owner-Employed Consultants:**

(If none, state that. If you are hiring/plan to hire additional consultants or already have other consultants on board, state who they are and their role/roles.)

**Site Visit/Informational Meeting:**

(If you choose to meet with the architect, engineer or consulting team prior to having them complete their proposal, you need to indicate the day, date, time and location. Having a site visit or informational meeting is optional on selections under $50,000; however, it is recommended.)

**Agreement Form:** The Agreement Form for this Project shall be either a Project-specific AIA Document B102-2007 Standard Form of Agreement Between Owner and Architect without a Predefined Scope of Architect’s Services as Modified by the University of Minnesota (the "Agreement") or a Notice to Proceed for an existing AIA Document B727-1988 Service Agreement. The University-modified AIA Documents can be found at the following website: <https://cpm.umn.edu/resource-center/contracts-forms/contract-forms>

**Consulting Services Proposal Form**

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 professional design 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.

**Article 1 ARCHITECT’S RESPONSIBILITIES**

(The Scope of Services shall consist of 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 those services to be provided by the Architect under the Terms and Conditions of this Proposal. Note under each service the method and means of compensation to be used, if applicable, as provided in Article 8 and set forth in the following pages.)

**Enumerate services and deliverables for all services being performed in the following format.**

|  |  |
| --- | --- |
|  | **COST** |
| Description of Services:      |       |
| Deliverables:      |       |

|  |  |
| --- | --- |
| **COST FOR ALL SERVICES AND DELIVERABLES:** |  |
| **REIMBURSABLE EXPENSES FOR TOTAL PROJECT:**(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 ENUMERATING HOURLY RATES TO BE CHARGED ON THIS PROJECT FOR EACH TEAM MEMBER.**

**COMPENSATION**

Compensation shall be computed as follows (Select one):

   **Alternative 1**

Hourly Not-To-Exceed Amount of $     .

   **Alternative 2**

Lump-sum in the Amount of $     .

**REIMBURSABLE EXPENSES**

For Reimbursable Expenses (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 $     .

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.)

**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