**TO**: Bruce R. Josephy, Chairman

State Properties Review Board - State Office Building

450 Columbus Blvd., Ste. 202, Hartford, CT 06103

**FROM:** Insert Name, Title

Department of Administrative Services, Construction Services

450 Columbus Blvd., Ste. 1201, Hartford, CT 06103

**DATE:** Enter Date

**SUBJECT:** Request for Approval of Amendment for Insert Consultant Type.

**AGENCY:** Insert Agency Name

**PROJECT TITLE:** Insert Project Title

**PROJECT NUMBER:** Insert Project Number

**CONTRACT NO.:** Insert Contract Number

**DESCRIPTION**:

Provide a brief description of the project and the original project scope of work. Include the current status of the project and the services to be provided under this amendment.

Insert name of firm, or individual was selected by the Department of Administrative Services (“DAS”) to provide insert Consultant Type services after a formal selection process on enter date for the above referenced Project. The insert Consultant Type’s total fee for such services pursuant to Contract No. insert Contract Number is insert value in written form Dollars **($00.00).**

**NOTE to Project Manager: For each amendment prior to this one, include the following information: DELETE THIS NOTE AFTER READING:**

Amendment insert # dated enter date increased the fee by insert amendment value in written form Dollars ($00.00) to insert new total value in written form Dollars ($00.00).

The purpose of this submission is to request approval of Amendment Insert # in the amount of insert value in written form Dollars **($00.00).** The Amendment is required to insert scope of work for amendment. The insert Consultant Type’s fee is based on a revised total construction budget of insert value in written form Dollars **($00.00).**

**Prior Amendments:**

The above referenced project shall comply with all pertinent building, fire safety and health codes. All improvements shall meet ADA standards and comply with insert Agency Name facility standards.

DAS negotiated the fee for services.

The statutory funding authority is insert specific public or special act.

**Attachments:**

|  |  |
| --- | --- |
| ⌧ | Form 1105 Capital Project Initiation Request (most recently approved ***and DAS SIGNED*** version) |
|  | Form 1130 Project Budget |
|  | Copy of contract & all prior amendments for same project with same consultant. |
|  | Consultant fee matrix for additional services, if appropriate. |

**Insert Consultant Type FEE:**

|  |  |  |
| --- | --- | --- |
| Theinsert Consultant Type's fee is based on a **total construction budget** of: | $ | **00.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Document:** | **Date Executed:** | **Amount:** | |
| Negotiated Original Fee: | Insert Date | $ | 00.00 |
| Amendment One: | Insert Date | $ | 00.00 |
| Amendment Two: | Insert Date | $ | 00.00 |
| Amendment Three: | Insert Date | $ | 00.00 |
| Amendment Four: | Insert Date | $ | 00.00 |
| Amendment Five: | Insert Date | $ | 00.00 |
| Amendment Six: | Insert Date | $ | 00.00 |
| **Total Fee:** | | **$** | **00.00** |

**FOR STATE PROPERTIES REVIEW BOARD:**

Request for approval of Amendment insert # for insert full exact legal firm name and address for design and construction administration of project insert project number, contract number and complete project title.

Select one of the following as it pertains to the subject Consultant:

|  |  |
| --- | --- |
|  | Insert name of firm, or individual is licensed in the State of Connecticut (insert license number) and its/his/her license is current through enter date. |
|  | No license is required for this type of contract e.g., Construction Administrator. |
|  | No corporate license is required for this type of professional e.g., Partnerships and Sole Proprietors. |

This Amendment has a total or not to exceed fee of **$00.00.**

Please indicate your recommendation below:

1. Approved
2. Rejected

3. Returned for Clarification

State Properties Review Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bruce R. Josephy, Chairman Date

xc: Project Manager

OLAPP Legal Unit ([cathy.phelps@ct.gov](mailto:cathy.phelps@ct.gov))

Team File