

# MEMORANDUM

## **Missouri Department of Transportation**

TO: Professional Services Committee

CC: Transportation Planning Director-tp

 State Bridge Engineer-br

FROM: District Engineer or Division Engineer

DATE: Date

SUBJECT: Route (\_\_\_\_\_), (\_\_\_\_\_\_) County

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

 PSC Approval to Execute Contract

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 contract. If contract is a supplemental explain the need for the change in scope*).

Period of Service - The consultant will complete the scope of services within (*number*) calendar days from the issuance of the notice to proceed (*or date*) 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

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

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

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

 Total Overhead Rate \_\_\_\_\_\_\_\_\_\_\_\_%

Funding – Please check one funding source

 \_\_\_ DBC

 \_\_\_ Operating Budget

 \_\_\_ Special Funds

 \_\_\_ ITS

 \_\_\_Other *(Name Funding Source)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Incentive/Disincentive – Deliver Right of Way Plans on time (\_\_\_), Deliver Final Plans, Surveys, and Estimates on time (\_\_\_), Accurate Cost Estimate (\_\_\_).

Certification - The approved MoDOT Consultant Selection and Contract Implementation Procedures have been followed and the requirements of the Brooks Act, 23 CFR 172, and RSMO Section 8 have been satisfied for this contract.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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 of prime consultant only*)

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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**Professional Services Committee Approval**

 **Agree Disagree Signature Date**

Transportation Planning Director

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

State Bridge Engineer

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

 Chair, Professional Services Committee