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| moseal | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION  **PROFESSIONAL SERVICES PROPOSAL** | | | |
|  |  | | | | PROJECT NUMBER | | | |
| PROJECT TITLE | | | | | | | | |
| PROJECT LOCATION | | | | | | | | |
| FMDC PROJECT MANAGER | | | | | | | | |
| FUNDS AVAILABLE FOR CONSTRUCTION: $  WE, THE UNDERSIGNED PROPOSE TO PROVIDE | | | | | | | | |
| **SERVICES FOR THIS PROJECT IN ACCORDANCE WITH THE OWNER’S PROGRAM AND BUDGET AS FOLLOWS:** | | | | | | | | |
| SCOPE OF WORK | | | | | | | | |
| LIST ALL AREAS OF WORK INCLUDED UNDER BASIC SERVICES:   **The Personal Privacy Protection Act**: If the Consultant provides any “personal information” as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the Consultant understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose.  The state will treat such personal information in accord with §105.1500, RSMo. | | | | | | | | |
| FIRM | | | | | | | | |
| ADDRESS | | | CITY | | | | STATE | ZIP |
| CONSULTANT’S CONTACT PERSON (PRINT NAME) | | | | TELEPHONE NUMBER     -   -     ext | | | FAX NUMBER     -   - | |
| SIGNATURE | | | | | | | | DATE |
| CHECK APPROPRIATE BASIC SERVICES FEE | | | | | | | | |
|  | | | | | | | | |
| A. PERCENTAGE OF CONSTRUCTION COST: | | | |  | | | | |
| B. FLAT OR FIXED FEE: | | | | $ | | | | |
| C. MULTIPLE OF DIRECT EXPENSE, NOT TO EXCEED: | | | | $ | | | | |
| D. HOURLY FEE, NOT TO EXCEED: | | | | $ | | | | |
| MINORITY & WOMEN BUSINESS – SERVICE DISABLED VETERANS ENTERPRISES ---- SUB CONSULTANTS | | | | | | | | |
| MBE/WBE/SDVE | | FIRM NAME | | | | PARTICIPATION  AMOUNT | | |
|  | |  | | | | $ | | |
|  | |  | | | | $ | | |
|  | |  | | | | $ | | |
| CONTRACT CHANGE RATES | | | | | | | | |
| LIST HOURLY RATES FOR CONTRACT CHANGE COMPENSATION, REIMBURSEMENT ITEMS, AND UNIT PRICES FOR ADDITIONAL SITE VISITS: | | | | | | | | |
| PROJECT COMPLETION SCHEDULE | | | | | | | | |
| IDENTIFY STAGES OF THE WORK AND ESTIMATED TIME TO COMPLETE PHASES IN WORK DAYS:  **DESIGN PHASES:**  Schematic Phase:  Design Development:  Construction Documents:  **CONSTRUCTION PHASE:**  Construction Duration: | | | | | | | | |

*Revised* 08/2022 FILE: A/E Agreement