**FIXED PERCENTAGE WORK ORDER PROPOSAL SUPPLEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Agreement No. | |
|  | | | |
| Consultant Name: | | | |
| Address: |  | | |
| Contact Person Technical: | | | Phone: |
| Contact Person Accounting: | | | Phone: |
| Vendor Number: | | | |
|  | | | |
| DCNR Project Title & Location: | | | |
| DCNR Project Number: | | | |
| DCNR Project Coordinator: | | | |
| DCNR Work Order Number: | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Current Base Construction Allocation: |  |  | New Base Construction Allocation: |  |
| Project Type: |  |  | Project Type: |  |
| Current Base Compensation Percentage: |  |  | New Base Compensation Percentage: |  |
| Current Fee Increase: |  |  | New Fee Increase: |  |
| Current Total Compensation Percentage: |  |  | New Total Compensation Percentage: |  |
| Current Basic Services Amount: |  |  | New Basic Services Amount: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service # | Basic Service Title |  | | Current Cost | | |  | Change |  | | | New Cost | |
|  |  |  | |  | | |  |  |  | | |  | |
| 1 | Programming |  | | $ | | |  | $ |  | | | $ | |
| 2 | Schematic |  | | $ | | |  | $ |  | | | $ | |
| 3 | Preliminary |  | | $ | | |  | $ |  | | | $ | |
| 4 | Pre-Final |  | | $ | | |  | $ |  | | | $ | |
| 5 | Final |  | | $ | | |  | $ |  | | | $ | |
| 6 | Bidding Services |  | | $ | | |  | $ |  | | | $ | |
| 7 | Construction Administration |  | | $ | | |  | $ |  | | | $ | |
| 8 | Project Closeout |  | | $ | | |  | $ |  | | | $ | |
| 9 |  |  | | $ | | |  | $ |  | | | $ | |
| 10 |  |  | | $ | | |  | $ |  | | | $ | |
| **Basic Services Total** | | |  | $ | |  | | $ | |  | $ | |
|  | | |  |  | |  | |  | |  |  | |
|  | | |  |  | |  | |  | |  |  | |
| Service # | Additional Service Title | |  | Current Cost | |  | | Change | |  | | New Cost |
|  |  | |  |  | |  | |  | |  | |  |
| A1 |  | |  | $ | |  | | $ | |  | $ | |
| A2 |  | |  | $ |  | | | $ | |  | $ | |
| A3 |  | |  | $ |  | | | $ | |  | $ | |
| A4 |  | |  | $ |  | | | $ | |  | $ | |
| A5 |  | |  | $ |  | | | $ | |  | $ | |
| **Additional Services Total** | | |  | $ |  | | | $ | |  | | $ |
|  | | |  |  |  | | |  | |  | |  |
| **Work Order Total** | | |  | $ |  | | | $ | |  | | $ |