**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** |  | $        |  | $        |  | $        |