



STATE OF MICHIGAN
DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
FACILITIES AND BUSINESS SERVICES ADMINISTRATION
First Floor, Stevens T. Mason Building
P.O. Box 30026
Lansing, Michigan 48909

PROFESSIONAL SERVICES CONTRACT MODIFICATION INSTRUCTIONS

To modify a professional services contract, fill out (type) the attached form. Facilities and Business Services Administration will fill out the day authorized. The “Contract Dated _____ For Professional Services” is the date of the original contract. The “(____) Assignment / Modification” is whether it is the first, second, etc., Assignment, and then if it is the first, second, etc. Modification (i.e. 4.2 = fourth assignment / second modification). For Contracts executed before June 1, 2011, enter the Contract Modification Number.

Provide a clear, concise, and accurate description of the proposed change of scope at the point marked ● on the title page. Provide the title required for each appendix. Complete Appendix B for each phase of the project affected by the modification. Complete Appendix C only if the modification will require personnel not already included in the contract. Use a separate form, Appendix A-1, for each phase of the project that is affected by the change. Use additional sheets wherever necessary. Contact the Project Director with any questions.

After filling in the data, sign the original in the appropriate places. Submit one original and two copies to the address shown above. A signed copy will be returned to you once the modification is approved by the Director, Department of Technology, Management and Budget.



DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
FACILITIES AND BUSINESS SERVICES ADMINISTRATION

PROFESSIONAL SERVICES CONTRACT
ASSIGNMENT **MODIFICATION**

This form is required to execute a modification to a professional services contract. (Authority: 1984 PA 431)

(____) ASSIGNMENT / MODIFICATION
OF

CONTRACT DATED _____ FOR PROFESSIONAL SERVICES

Discretionary Contract Number:
File Number:
Index Number(s):
Project Name:

Contract Number: Y

THIS AGREEMENT, authorized this ____ day of _____ in the year two-thousand and ____ by the Director, Department of Technology, Management and Budget, is hereby made by and BETWEEN the STATE OF MICHIGAN acting through the FACILITIES AND BUSINESS SERVICES ADMINISTRATION of the DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET, First Floor, Stevens T. Mason Building, Lansing, Michigan 48909, hereinafter called the "State," and

the prime Professional Service Contractor, hereinafter called the "Professional," that the scope and terms of the contract be modified as provided by Article 14 of the contract to:

-

Attached Appendices are part of this modification.

The above shall be totally effective as of the date above. All other terms and provisions of the contract remain fully effective.

FOR THE PROFESSIONAL:

FOR THE STATE:

Signature

Director, Department of Technology, Management and Budget

Title

COST/BUDGET SUMMARY
PROPOSAL/CONTRACT MODIFICATION NUMBER _____

ARTICLE 2 COMPENSATION

FILE NUMBER _____	INDEX NUMBER(S) _____	CONTRACT NUMBER Y _____
PROJECT NAME _____		
FIRM NAME _____		

PHASE			EXISTING CONTRACT		TOTAL PER PHASE THIS CONTRACT MODIFICATION	COMPENSATION NOT TO EXCEED
100	Study	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
200	Program Analysis	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
300	Schematic Design	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
400	Preliminary Design	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
500	Final Design	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
600	Construction Administration-Office	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
700	Construction Administration-Field	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
800	Supplemental Design	Personnel Costs	\$ _____	\$ _____	\$ _____	\$ _____
		Reimbursements	\$ _____	\$ _____	\$ _____	\$ _____
		TOTAL			\$ _____	\$ _____
		SUBTOTALS	\$ _____	\$ _____		\$ _____
TOTAL PROJECT COMPENSATION NOT TO EXCEED						\$ _____

Attach a revised project schedule showing the effect of this modification.

SIGNATURE-PROFESSIONAL _____	DATE _____	MULTIPLIER _____	AVERAGE FOR PROJECT _____
		(if applicable)	
SIGNATURE-PROJECT MANAGER _____	DATE _____	CURRENT COST \$ _____	PROPOSED COST \$ _____
		\$ _____	CONSTRUCTION PROJECT \$ _____

PHASE ____ BUDGET DETAIL
PROPOSAL/CONTRACT MODIFICATION NUMBER _____

FILE NUMBER	INDEX NUMBER (S)	CONTRACT NUMBER Y	REIMBURSABLES		
			PURPOSE	AMOUNT	
DEPARTMENT					
PROJECT NAME					
FIRM NAME					
			\$ _____ * TOTAL		

INDIVIDUAL'S TITLE	TASK/HOURS**										TOTAL	BILLING RATE (DIRECT WAGE if applicable)	COST	MULTIPLIER (if applicable)	COST FOR THIS INDIVIDUAL	

*Transfer these amounts to the appropriate columns and phases on Appendix C for proposal/contract modification.**Include all tasks involved in this work.

TASKS

PROPOSAL/CONTRACT MODIFICATION NUMBER _____

ARTICLE I PROFESSIONAL SERVICES

FILE NUMBER	INDEX NUMBER(S)	CONTRACT NUMBER Y
PROJECT NAME		
FIRM NAME		

TASK NUMBER	A. List task number only for any standard or existing task which is part of this work. B. Give detailed description of any new or changed tasks necessary for this work.

