PROFESSIONAL SERVICES AGREEMENT

PROPOSAL LETTER

ARCHITECTURAL / ENGINEERING

April 2019 Edition

(Enter Date)

Attn: (Project Manager Name)

Design & Construction

The University of Iowa

Iowa City, IA 52242-1922

Dear (Project Manager Name):

(**Firm Name**), hereinafter referred to as the Design Professional, subject to the approval and acceptance of this proposal by the University of Iowa and/or Board of Regents, hereinafter referred to as the Owner, and the issuance of a Standard Agreement by the Owner to the Design Professional, agrees to provide professional services to the Owner as set forth below.

A. Project Name and Number: **(Enter official project title,** [Build UI project] **#0XXXX0X)**

B. Project Description and Construction Budget:

1. This project includes *(*Enter brief project description [BUI Scope Statement]*).*
2. The scope of work covered by this agreement includes *(*Enter brief description of services.*)*

 3. Construction Budget: *(*Enter amount or enter “TBD by this agreement” if predesign services are the ONLY services being contracted at this time.*)*

C. **Basic Services** to be provided by Design Professional:

 *(Enter $ amounts into the table and delete unused lines – the percentage amount will auto calculate. Note: Reimbursable expenses are not to be included in these tables – see D. 2. for reimbursable expenses table.)*

1. Services Breakout:



2. Services Details: *(Insert descriptive service details below. Consider adding LEED, BIM, and/or Commissioning expectations over and above Design Standards requirements.)*

 a.

 b.

 c.

 d.

 3. Attend meetings with University personnel as required.

 4. The Design Professional shall provide to the Owner the quantity (#) of hardcopies (HC) and the electronic files (E) – CD(s), DVD(s), flash drive(s), or email of the documents identified below. *(Delete any unused columns and lines)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Predesign | Schematic Design Review | Design Development Review | Construction Documents Review | Construction Phase |
| Building Program | 2 HC, E |  |  |  |  |
| Schematic Design Booklets |  | E (Word) |  |  |  |
| Drawings | E | E | E | E |  |
| Project Manuals |  | E | E | E |  |
| Probable Construction Cost | E | E | E | E |  |
| Tabulation of Area | E | E | E | E |  |
| Life Cycle Cost Analysis | E | E | E | E |  |
| Finishes Binder |  |  |  |  | 2 HC, E |
| Furniture Binder |  |  |  |  | 2 HC, E |
| Bid Set Documents (.dwg) |  |  |  |  | E |
| Shop Drawings / Submittals |  |  |  |  | E |
| Record Documents |  |  |  |  | E |
| (Other - Describe) | E | E | E | E | E |

5. Provide Record Documents within 30 days after final acceptance. Record Documents to be formatted and delivered according to the University Design Standards & Procedures.

D. Fee: *(Select one #1 and one #2 and delete the others.)*

1. For BASIC SERVICES compensation shall be a STIPULATED SUM of **Amount in Words and No/100 Dollars ($X,XXX,XXX.XX).**

**OR**

1. For BASIC SERVICES as described in Paragraph C, compensation shall be on an hourly basis not-to-exceed **Amount in Words and No/100 Dollars ($X,XXX,XXX.XX).**
2. For Reimbursable Expenses, amounts expended shall not exceed **Amount in Words and No/100 Dollars ($XX,XXX.XX).** The following spreadsheet is an estimated breakdown.



*(Please round to the nearest $100 and delete any unused lines.)*

**OR**

1. For Reimbursable Expenses: **N/A**

E. Consultants retained by the Design Professional for the services covered by this Agreement are: *(Enter all sub-consultants below, including representative for each. Please attach Exhibit C – Schedule of Hourly Rates for each sub-consultant.)*

 1. None

F. The Design Professional agrees to perform the services described in Paragraph C, per the schedule established or identified herein: *(Enter timeline below, including milestones as appropriate. Refer to examples.)*

1. Example: EDIT…Complete (SD, DD, CD and CA) phase by Month, Year or within 12, 24 or 36 months.

G. Design Professional’s Project Representatives:

 1. Project Representative: (Enter name and **title**)

 2. BUI Invoicing Contact: (Enter name and **email**)

3. Record Documents Contact: (Enter name and **email** for proposals with record

documents**)**

H. Other conditions or Services:

1. This Project will use the January 31, 2019 edition of the University of Iowa Design Standards & Procedures and all amendments issued prior to date of this proposal.

Or

(Include for projects at UIHC) This Project will use Sections I and II of the January 31, 2019 edition of the University of Iowa Design Standards & Procedures and the University of Iowa Hospitals and Clinics Architectural and Engineering Design Standards, Revision 14R, dated April 3, 2018.

Respectfully submitted,

(Firm Name Here)

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

(Signed by)

(Title)