



Professional Services Proposal

EXHIBIT A

This Proposal, when signed by the Consultant and the Owner, is incorporated as "Exhibit A" into the fully executed University of the Pacific Standard Professional Service Agreement (the Agreement) between the University of the Pacific ("University") and the Consultant (as noted under the certification section of this proposal) for professional services. The word Consultant is used universally herein to identify the organization named on the Cover Page of the Agreement with which the University has the Agreement.

Project Name:	
Project Location/Address:	
Detailed Scope of Work: <i>(if more space is needed, attached additional sheets and check box below)</i> <i>Additional sheet(s) attached.</i>	



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Section 1. Services

(List those Services to be provided by the Consultant.)

ATTACH SEPARATE SHEET(S) USING THE FOLLOWING FORMAT:

Section 1. Services	
<i>Enumerated are Services <u>and</u> Deliverables for all Scope of Work being performed.</i>	
ATTACHED IS/ARE SHEET(S) ENUMERATING HOURLY RATES TO BE CHARGED ON THIS PROJECT FOR EACH TEAM MEMBER.	
	COST
Description of Services:	\$
Deliverables:	\$
Description of Services:	\$
Deliverables:	\$
Description of Services:	\$
Deliverables:	\$
TOTAL COST FOR <u>ALL</u> SERVICES AND DELIVERABLES:	\$
REIMBURSABLE EXPENSES FOR TOTAL PROJECT: (Not-To-Exceed)	\$



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Section 3. Compensation and Expenses

Compensation shall be computed as follows:

(select one)

Lump Sum Amount, including Reimbursable Expenses.

Hourly Not-To-Exceed Amount, including Reimbursable Expenses.

(note amount both in written and numeric format)

Section 5. (a) Term

The term of this Agreement shall expire on *(insert calendar date)*:

Additional Information

This Proposal is based on the following information and assumptions *(indicate, if any not yet noted)*:

Additional sheet(s) attached.



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The time parameters are *(identify, as appropriate, milestone dates, durations or fast track scheduling)*:

Additional sheet(s) attached.

Other important initial information is *(indicate, if any)*:

Additional sheet(s) attached.

The Consultant's Designated Representative for this Project is *(list name, address and other information)*:



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The sub-consultants retained at the Consultant's expense are *(list disciplines here)*:

If known, check box here and identify sub-consultants by firm name, personnel being assigned to this Project and address on attached sheet(s).

Exceptions to/Exclusions from University of the Pacific Professional Services Agreement *(Select one)*:

None

Exceptions/Exclusions included as part of this Proposal

List and enumerate on attached sheet(s).



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Signatures/Approvals

(To be completed by Consultant when submitting the proposal.)

CONSULTANT CERTIFICATION:

Authorized Signature: _____ Date: _____

Typed/Printed: _____
Name/Title Name of Firm/Company

(To be completed by University upon acceptance of the proposal.)

UNIVERSITY ACCEPTANCE OF PROPOSAL:

With acceptance of this Proposal, the Consultant is authorized to proceed with Services for this Project, as described in this Proposal.

Priscilla Meckley-Archuleta, Director - Capital Planning and Space Management Signature Date of Acceptance

Patrick D. Cavanaugh, Vice President for Business and Finance Signature Date of Acceptance

(To be completed by Consultant following University acceptance of the proposal.)

CONSULTANT ACCEPTANCE:

Authorized Signature: _____ Date: _____

Typed/Printed: _____
Name/Title

<p>For University Use Only:</p> <p>Master Agreement Number: _____</p> <p>This Agreement Number: _____</p>
