

**Exhibit A
CONSULTING SERVICE AUTHORIZATION**

DATE:

CONSULTANT:

SERVICE AUTHORIZATION NO.: FOR CONSULTING SERVICES

CITY P.O. NO.: CITY EXPENSE CODE:

CITY PROJECT NO.: CONSULTANT PROJECT NO.:

TITLE:

This Service Authorization, when executed, shall be incorporated in and shall become an integral part of the Contract, dated _____ between the City of Del ray Beach and _____.

I. PROJECT DESCRIPTION

J. SCOPE OF SERVICES

The following scope of services is developed in accordance with the Standard Agreement for Architectural Services.

The scope of work shall include the following tasks:

I. TASK DESCRIPTION

TASK 1

TASK 2 BID PHASE ASSISTANCE

TASK 3 PERMITTING ASSISTANCE

TASK 4 SHOP DRAWING REVIEW ASSISTANCE

TASK 5 LIMITED CONSTRUCTION ADMINISTRATION ASSISTANCE

III. TIME OF PERFORMANCE

Task I through 5 will be completed within _____ days of acceptance of this Service

Authorization.

IV. COMPENSATION

Architectural Services

Not to Exceed Estimated Fees

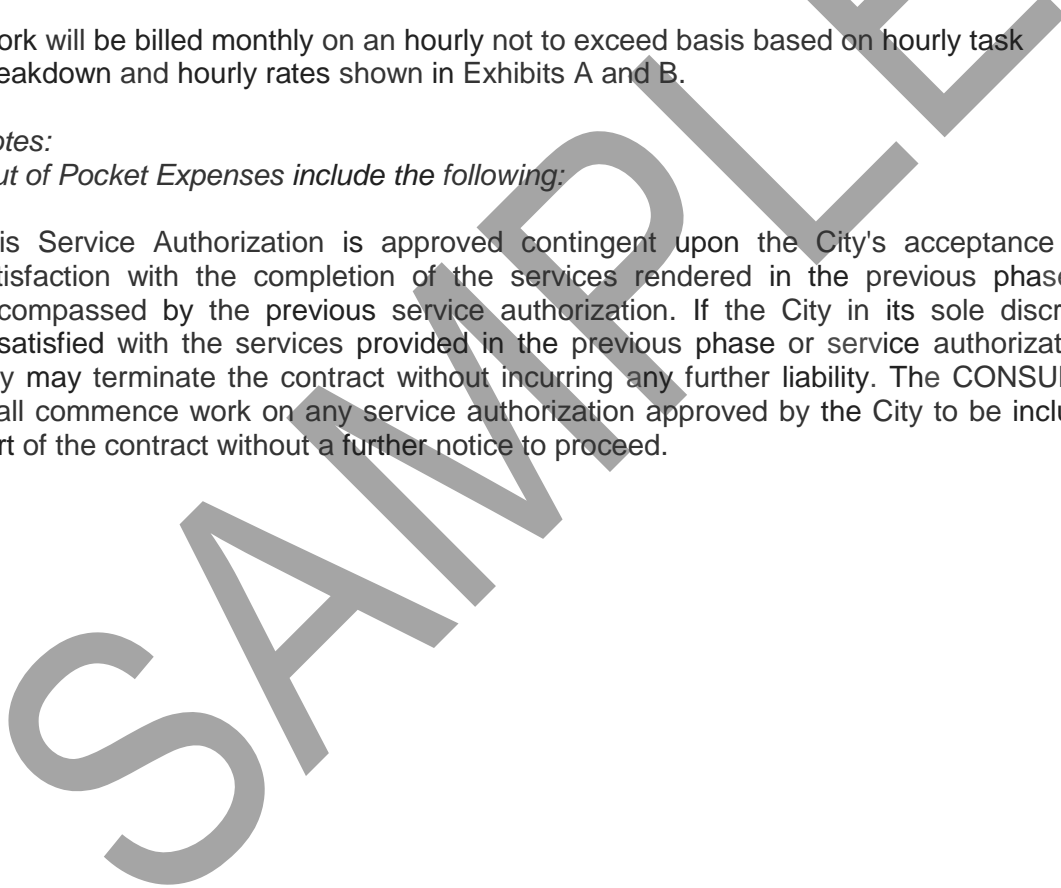
Task 1	\$
Task 2	\$
Task 3	\$
Task 4	\$
Task 5	\$
Task 6	\$
Out-of-Pocket Expenses	\$
Total Estimated Fees	\$

Work will be billed monthly on an hourly not to exceed basis based on hourly task breakdown and hourly rates shown in Exhibits A and B.

Notes:

Out of Pocket Expenses include the following:

This Service Authorization is approved contingent upon the City's acceptance of and satisfaction with the completion of the services rendered in the previous phase or as encompassed by the previous service authorization. If the City in its sole discretion is unsatisfied with the services provided in the previous phase or service authorization, the City may terminate the contract without incurring any further liability. The CONSULT ANT shall commence work on any service authorization approved by the City to be included as part of the contract without a further notice to proceed.



IN WITNESS WHEREOF, the Parties hereto have made and executed this Agreement:
City through its Board, signing by and through its Mayor or Vice-Mayor, authorized to execute
same by Board action on the ____ day of _____, 20__, and Second Party,
signing by and through its _____, duly authorized to execute same.

ATTEST:

City OF DELRAY BEACH, FLORIDA

Kimberly Wynn, Interim City Clerk

By _____
Cary D. Glickstein, Mayor

____ day of _____, 20__.

APPROVED AS TO FORM:

R. Max Lohman, City Attorney

City Attorney

SAMPLE

SECOND PARTY

By _____
(Signature)

(Printed name, Title)

____ day of _____, 20____

WITNESS:

(Signature)

(Printed name)

WITNESS:

(Signature)

(Printed name)

(SEAL)

ACKNOWLEDGEMENT IF CORPORATION

State of Florida

ss

County of Palm Beach

BEFORE ME, the foregoing instrument, this _____ day of _____

_____, 2016, was acknowledged

by _____, on behalf of the

Corporation and said person executed the same freely and voluntarily for the purpose therein expressed.

WITNESS my hand and seal in the County and State aforesaid this _____, day of _____

_____ 2016.

Notary Public:

My Commission Expires:

(SEAL)

Exhibit B

SALARY COSTS

	RAW	FRINGE	OVERHEAD	PROFIT	
		AT	AT	AT	
TITLE	SALARY				HOURLY
	(\$/HR)	(\$/HR)	(\$/HR)	(\$/HR)	RATE

FRINGE (\$/HR): RAW SALARY X FRINGE %
OVERHEAD (\$/HR): RAW SALARY X OVERHEAD

SAMPLE