

**DEPARTMENT OF ADMINISTRATIVE SERVICES
 FACILITIES MANAGEMENT DIVISION
ARCHITECTURE, ENGINEERING & ENVIRONMENTAL SERVICES SECTION
 (CONSULTANT FEE INCREASE APPROVAL FORM)**

FEE INCREASE No. 1

I. PROJECT DESCRIPTION

Project Title: War Memorial Elevator Modernization

Project No.: 0517-14630

Agency: 120

Org. No.: 1850

Object No.: 6146

Project Code: WO517051

Activity: _____

REVIEWED BY SLP
DATE 2-20-18

Function: _____

Category: _____

Consultant: Leedy & Petzold Consultant
 12970 W. Bluemound Rd, Suite 101
 Elm Grove, WI 53122

Agreement Type

- Lump Sum - Not-To-Exceed **Type "A" or "D" Agreement**
- Lump Sum - Not-To-Exceed **Type "B" Agreement – Annual**
- Actual Cost - Not-To-Exceed Fee **Type "B" Agreement – Annual**
- Actual Cost - Not-to-Exceed Fee **Type "C" Agreement**

Fee Increase Type: Actual Cost: Not-to-Exceed (if other type , justify in reason section)

II. FEE INCREASE REASON

The 2017 Capital Budget included funds for the War Memorial elevator modernization. A formal RFP process was conducted and Leedy & Petzold was selected to complete the design effort. The proposal included a \$24,800.00 construction services cost. For purposes of planning and design, preparation of the plans were started. Because Leedy and Petzold had done the previous study and plans on these elevators, it saves time to have them oversee the construction required, the project will go to the construction phase.

III. APPROVED FEE BREAKDOWN:

A.	Original Fee Plus Allowance:	\$96,970.00
1.	Fee	\$500.00
2.	<u>Reimbursable Allowance</u>	<u>\$0.00</u>
3.	Fee Plus Allowance	\$97,470.00
B.	Previously Approved Fee Increases plus Allowance (NTE):	\$0
1.	Fee Increase	\$0

FEE INCREASE APPROVAL FORM

PROJECT TITLE: War Memorial Elevator Modernization

PROJECT NO.: O517-16439

FEE INCREASE NO.: 1

2.	<u>Reimbursable Allowance (NTE)</u>	\$0
3.	Total	\$0

C.	This Fee Increase plus Allowance (NTE):	\$24,800.00
1.	Fee Increase	\$24,800.00
2.	<u>Reimbursable Allowance (NTE)</u>	<u>\$0.00</u>
3.	Total	\$24,800.00

D.	Revised Maximum Allowable Fee Plus Allowance:	\$122,270.00
1.	Fee (NTE)	\$121,770.00
2.	<u>Allowance (NTE)</u>	<u>\$500.00</u>
3.	Fee Plus Allowance (NTE)	\$122,270.00

IV. DBE UTILIZATION

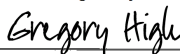
(Approved DBE Participation Recommendation Form (DBE-12 Form if 0% goal) or "DBE" Utilization Report (TBE-14 Form approved by TBE office) are attached)

V. FISCAL NOTE

Sufficient funds are available in the project account to retain the selected consultant.

PREPARED BY: Julie Bastin

REVIEWED AND RECOMMENDED BY:

DocuSigned by:


 Gregory C. High, Director
 Architecture, Engineering
 and Environmental Services Section
 2/22/2018

 Date

OWNER DEPARTMENT APPROVAL

Consultant Fee Increase Approved:

DocuSigned by:


 Dan Somers
 Director of Facilities, MKE Art Museum
 2/23/2018

 Date

DIRECTOR OF FACILITIES MANAGEMENT

Consultant Fee Increase Approved:

FEE INCREASE APPROVAL FORM

PROJECT TITLE: War Memorial Elevator Modernization

PROJECT NO.: O517-16439

FEE INCREASE NO. : 1

N/A
Director _____ Date _____
DAS- Facilities Management Division

DIRECTOR OF ADMINISTRATIVE SERVICES APPROVAL

Consultant Fee Increase Approved:

DocuSigned by:
Teig Whaley-Smith _____ 2/26/2018
Teig Whaley-Smith, Director Date _____
Department of Administrative Services

OFFICE OF CORPORATION COUNSEL APPROVAL

Consultant Fee Increase Approved:

DocuSigned by:
Paul D. Kuglitsch _____ 2/23/2018
Corporation Counsel Date _____

OFFICE OF THE COMPTROLLER APPROVAL

Consultant Fee Increase Approved:

DocuSigned by:
Scott Mansk _____ 2/23/2018
Scott Mansk, Comptroller Date _____
Office of the Comptroller

OFFICE OF THE COUNTY EXECUTIVE APPROVAL

Consultant Fee Increase Approved:

DocuSigned by:
Chris Abele _____ 2/26/2018
Chris Abele, County Executive Date _____
Office of the County Executive

OFFICE OF CORPORATION COUNSEL APPROVAL UNDER SEC. 59.42(2)(B)5, STATS.:

Consultant Fee Increase Approved:

Corporation Counsel Date _____

FEE INCREASE APPROVAL FORM

PROJECT TITLE: War Memorial Elevator Modernization

PROJECT NO.: O517-16439

FEE INCREASE NO.: 1

Attachments: Consultant Scope of Work w/Task-Hours Matrix
Approved DBE Participation Form
1684 Form

COPIES AFTER APPROVAL

cc:

G. High, A&E, DAS-FM
K. Dunne, A&E, DAS-FM

B. Engel, CBDP
Project Manager

Project File – Original

**LEEDY and PETZOLD ASSOCIATES, LLC
CONSTANT EFFORT SPREADSHEET**

Date: February 28, 2017
 Milwaukee County Project No. 0517-16439
 Project: WMC/MAM - Elevator Modernization

CLASSIFICATION	Principal		Designer		Technician		Admin. Asst.		Elevator		TBE		TotalCost
	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Architectural	TBE	
LABOR RATES			\$28.27		\$15.00		\$18.00					HVAC/ Thunderbird	
OVERHEAD FACTOR			3.50		3.50		3.50					Plumbing Design	
BILLING RATES		\$145.00	\$98.95		\$52.50		\$63.00						
TASK	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Hours	Dollars	Dollars
COORDINATION OF DESIGN	80.0	\$ 11,600	40.0	\$ 3,958		\$ -	8.0	\$ 504					\$ 16,062
ELEVATOR DESIGN										\$ 43,707			\$ 43,707
ARCHITECTURAL / AUTOCAD DRAFTING													
HVAC / PLUMBING DESIGN													\$ 20,700
ELECTRICAL DESIGN	100.0	\$ 14,500	100.0	\$ 9,895	24.0	\$ 1,260	8.0	\$ 504					\$ 26,159
CONSTRUCTION ADMINISTRATION	60.0	\$ 8,700	60.0	\$ 5,937		\$ -	8.0	\$ 504					\$ 15,141
SUB-TOTAL	240.0	\$ 34,800	200.0	\$ 19,789	24.0	\$ 1,260	24.0	\$ 1,512					\$ 121,768
PROPOSED FIXED FEE FOR PROFESSIONAL CONSULTING ENGINEERING SERVICES													

MILWAUKEE COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES – FACILITIES MANAGEMENT
ARCHITECTURE, ENGINEERING & ENVIRONMENTAL SERVICES DIVISION

PROJECT:

WMC/MAM – Elevator Modernization
Project No.: 0517-16439

CONSULTANT PROPOSAL

I. BASIC SERVICES (Include services of all needed subconsultants)

LUMP SUM fee:

\$ 96,970

(Ninety Six Thousand Nine Hundred Seventy)

II. REIMBURSABLE EXPENSES

ACTUAL COST: \$ 500

(Five Hundred)

III. CONSTRUCTION SERVICES (Include services of all needed subconsultants)

ACTUAL COST - "NOT TO EXCEED" fee:
\$ 24,800

(Not awarded)

(Twenty Four Thousand Eight Hundred)

IV. PRINCIPAL IN CHARGE

Name of Principal James R. Haug

Architect or Engineer's Registration No. in Wisconsin _____

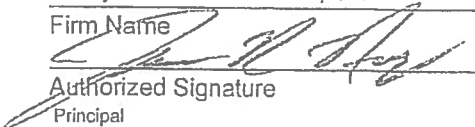
Other Registration No. In Wisconsin 27122-006

Flat hourly rate for principal 145 per hour

Participation of Targeted Business Enterprises (TBE) is 17% for this project.

Leedy & Petzold Associates, LLC

Firm Name


Authorized Signature

Principal

Title

2-28-17

Date



COMMUNITY BUSINESS DEVELOPMENT PARTNERS MILWAUKEE COUNTY

COMMITMENT TO CONTRACT WITH TBE

PROJECT No. O517-16439 PROJECT TITLE WMC/MAM- Elevator Modernization

TOTAL CONTRACT AMOUNT (less allowances) \$ 121,768 TBE Goal: 17%

Name & Address of TBE	Scope of Work Detailed Description	TBE Contract Amount	% of Total Contract
Thunderbird Engineering, Inc. 7665 N. Port Washington Road Milwaukee, WI 53217	HVAC Engineering Services Plumbing/Fire Protection Services	\$ 20,700	17.0%

Bidder/Proposer Commitment (To be completed by firm committing work to TBE)

I certify that the TBE firm quoted the identified service(s) and cost(s). I further acknowledge our firm having negotiated with, and having received confirmation, on partnering, pricing and delivery from the TBE firm listed herein.
Prime Contractor/Consultant Leedy & Petzold Assoc, LLC Phone 262-960-1549, or one of our subs, will enter into contract with the TBE firm listed, for the service(s) and amount(s) specified when awarded this contract. The information on this form is true and accurate to the best of my knowledge. I further understand that falsification, fraudulent statement, or misrepresentation will result in appropriate sanctions under applicable law.

[Signature]
Signature of Authorized Representative

James R. Hays, Principal
Name & Title of Authorized Representative

2-28-17
Date

TBE Affirmation (To be completed by TBE Owner/Authorized Representative)

- I affirm that our company is certified as (check all certifications that apply)
 DBE by the Unified Certification Program certifying partners
 MBE by State of Wisconsin DOA
 WBE by State of Wisconsin DOA
- I acknowledge and accept this commitment to contract with my firm for the service(s) and dollar amount(s) specified herein, as put forth by (Prime or sub) Leedy & Petzold Associates, LLC.
- I understand and accept that this commitment is for service(s) to be rendered in completion of the project specified herein and all work is to be completed with my own forces.
- I affirm that approval from CDBP will be obtained prior to subletting any portion of this work awarded to my firm on this project.
- I affirm that the Wisconsin UCP has certified our company as a DBE, and that our company is currently listed in the Wisconsin UCP Directory or we are certified as a MBE or WBE with the State of Wisconsin DOA.

[Signature]
Signature of Authorized TBE Representative

Shawn Woldt, Principal
Name & Title of Authorized TBE Representative

608-223-9040
Phone Number

2/15/2017
Date

FOR CDBP USE ONLY

Commitment number 1 of 1 Participation: 17.0% Project Total: 17.0%

[Signature]
Authorized Signature

3/21/17
Date

CONTRACT FORM 1684 R5 (Refer to ADMINISTRATIVE MANUAL Section 1.13, for procedures)

Mail to: Preliminary: Office of the Comptroller, Contract Signatures, Room 301 Courthouse Final: Office of the Comptroller, Accounts Payable, Room 301 Courthouse Community Business Development Partners, 8th Floor City Campus	CONTRACT TYPE Professional Service - Operating Professional Service - Capital x Purchase of Service Preliminary Final
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DEPARTMENT NAME DAS - Facilities Management	AGENCY NO. 115	DEPARTMENT (HIGH) ORG 5741
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VENDOR INFORMATION

VENDOR NO.	ORDER TYPE	NEW or	AMEND	CONTRACT NO.

NAME OF VENDOR Leedy & Petzold	ADDRESS 12970 West Bluemound Road Elm Grove, WI 53122
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TAX I.D. NO.	EFFECTIVE DATES: begin date end date	LENGTH OF CONTRACT (IN MONTHS)	AMENDMENT ONLY: DOLLAR CHANGE	TOTAL CONTRACT AMOUNT
	02/20/18 12/31/18	11		\$ 122,270.00

ACCOUNTING INFORMATION

Year to be Expended	Line No	Fund	Agency	Org Unit	Activity	Function	Object	Job Number	Report Cat	Units	Amount to be Expended/ Amendment
2018		1850	120	1850			6146	WO517051			\$ 24,800.00

PURPOSE OF CONTRACT

War Memorial Elevator Modernization - (O517-14630) FEE INCREASE #1

Was County Board approval received prior to contract execution or contract amendment or extension?

If YES, give County Board File No. TSD - PASSIVE REVIEW Date Approved _____

If NO, why is County Board approval not required? Wis. Stats. 59.17(2)(b) and 59.52(6)

Was Contract fully executed prior to work being performed (all signatures received)? YES NO

Is Vendor a certified professional service DBE? YES NO

Prepared By Courtney D. Hardy Signature of County Administrator	Date 02/20/18 Date	Title Clerical Specialist Director AE&ES Das - Facilities Management
--	---------------------------------	---

Certificate Of Completion

Envelope Id: 72B23019E5B44D388286E82F144E08C2

Status: Sent

Subject: Please DocuSign: War Memorial Elevator Modernization.Fee Inc. #1.pdf

Source Envelope:

Document Pages: 8

Signatures: 6

Envelope Originator:

Certificate Pages: 5

Initials: 0

Ivette Cruz

AutoNav: Enabled

633 W. Wisconsin Ave.

Envelopeld Stamping: Enabled

Suite 901

Time Zone: (UTC-06:00) Central Time (US & Canada)

Milwaukee, WI 53203

ivette.cruz@milwaukeecountywi.gov

IP Address: 204.194.251.5

Record Tracking

Status: Original
2/22/2018

Holder: Ivette Cruz
ivette.cruz@milwaukeecountywi.gov

Location: DocuSign

Signer Events

Signature

Timestamp

Gregory High

Gregory.High@milwaukeecountywi.gov

Director of AE&ES Section - DAS - Facilities

Management

Milwaukee County

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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Gregory High
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Sent: 2/22/2018

Viewed: 2/22/2018

Signed: 2/22/2018

Using IP Address: 204.194.251.5

Dan Somers

dan.somers@mam.org

Security Level: Email, Account Authentication
(None)

DocuSigned by:
Dan Somers
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Sent: 2/22/2018

Viewed: 2/23/2018

Signed: 2/23/2018

Using IP Address: 216.56.83.98

Electronic Record and Signature Disclosure:

Accepted: 2/23/2018

ID: 55711e49-1d1d-46dc-8960-47938f17ef71

Paul D. Kuglitsch

corp counsellsignature@milwaukeecountywi.gov

Corporation Counsel

Milwaukee County

Security Level: Email, Account Authentication
(None)

DocuSigned by:
Paul D. Kuglitsch
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Sent: 2/23/2018

Viewed: 2/23/2018

Signed: 2/23/2018

Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Scott B. Manske

comptrollersignature@milwcnty.com

Comptroller

Milwaukee County

Security Level: Email, Account Authentication
(None)

DocuSigned by:
Scott B. Manske
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Sent: 2/23/2018

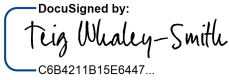
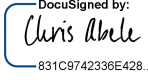
Viewed: 2/23/2018

Signed: 2/23/2018

Using IP Address: 204.194.251.5

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Teig Whaley-Smith teig.whaley-smith@milwaukeecountywi.gov Director of Administrative Services Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 1/27/2015 ID: edf36fad-2204-4057-8b19-ec98b81091b2</p>	<p>DocuSigned by:  C6B4211B15E6447...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 2/23/2018 Viewed: 2/26/2018 Signed: 2/26/2018</p>
<p>Chris Abele cexsignature@milwaukeecountywi.gov County Executive Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>DocuSigned by:  831C9742338E428...</p> <p>Using IP Address: 204.194.251.5</p>	<p>Sent: 2/26/2018 Viewed: 2/26/2018 Signed: 2/26/2018</p>
<p>Corporation Counsel corp counselsignature@milwaukeecountywi.gov Corporation Counsel Milwaukee County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		<p>Sent: 2/26/2018</p>
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/26/2018
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

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How to contact Wisconsin Milwaukee County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: plee@milwcnty.com

To advise Wisconsin Milwaukee County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at plee@milwcnty.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Milwaukee County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to plee@milwcnty.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none">• Allow per session cookies• Users accessing the internet behind a Proxy Server must enable HTTP

1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Wisconsin Milwaukee County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Wisconsin Milwaukee County during the course of my relationship with you.