

DESIGN PROFESSIONAL SERVICES

AMENDMENT NO. 1

- Finance
- Public Works
- City Clerk
- Proj Mgr
- Contractor

**PROJECT NO. 89008209 - CONSTR MGMT/INSPECTION FOR DESIGN BUILD RD
RECONSTRUCTION - 63RD ST FROM CHESTNUT TO JACKSON (CS110119)
PUBLIC WORKS DEPARTMENT**

This amendment is between KANSAS CITY, MISSOURI, a constitutionally chartered municipal corporation (City), and **George Butler Associates, Inc.**, a *Missouri Corporation*, ("Design Professional"). The parties amend the Agreement entered into on November 2, 2011, as follows:

Sec. 1. Sections Amended. The Agreement is amended as follows:

- A. Delete Sec. 4. Compensation and Reimbursables, Paragraph A, and replace with the following Paragraph A:

Sec. 4. Compensation and Reimbursables.

A. The maximum amount that City shall pay Design Professional under this Agreement is **\$392,407.00**:

- i. For Design Professional services described in the Scope of Services, City shall pay Design Professional compensation amounting to **hourly rate of personnel for time charges directly to the project**. A schedule of position classifications and the salary range for each position is included as:

1. Original Contract - **\$359,632.00 - Attachment C - Schedule of Position Classifications and Hourly Rates**
2. Amendment No. 1 - Additional Services - **\$31,695.00 - Attachment C - Amendment No. 1 - Schedule of Position Classifications and Hourly Rates**

- ii. Actual reasonable expenses incurred by Design Professional directly related to Design Professional's performance under this Agreement, to include only the following, in an amount not to exceed:

1. Original Contract - **\$13,912.00**. The following are the reimbursable expenses that City has approved: **\$12,472.00** Mileage; **\$1,440.00** Phone and Internet.
2. Amendment No. 1 - **\$1,080.00**. The following are the reimbursable expenses that City has approved: **\$840.00** Mileage; **\$240.00** Phone and Internet.

iii. City is not liable for any obligation incurred by Design Professional except as approved under the provisions of this Agreement.

B. Add the following attachment to Sec. 9 Attachments to Part I:

Attachment C – Amendment No. 1 – Schedule of Position Classifications and Hourly Rates

Sec. 2. Sections not Amended. All other sections of the Agreement shall remain in full force and effect.

Sec. 3. Authorization. If the amount of the original Agreement plus the amount of any amendments to the original Agreement total over \$300,000.00, then this amendment requires City Council or Park Board authorization.

Sec. 4. Effectiveness; Date. This amendment will become effective when the City's Director of Finance has signed it. The date this amendment is signed by the City's Director of Finance will be deemed the date of this amendment.

~~Sec. 4. Effectiveness; Date. This amendment will become effective when all the parties have signed it. The date this amendment is signed by the last party to sign it will be deemed the date of this amendment.~~

DM
8/20/13

John
8/19/13

Each party is signing this amendment on the date stated opposite that party's signature.

Date: July 3, 2013

DESIGN PROFESSIONAL

I hereby certify that I have authority to execute this document on behalf of Design Professional

By: *Clarence March*

Title: Vice President

Date: 7-9-2013

KANSAS CITY, MISSOURI

By: *Sheri K. McIntyre*

Title: **DIRECTOR OF PUBLIC WORKS**

Approved as to form:

[Signature]
Assistant City Attorney

I hereby certify that there is a balance, otherwise unencumbered, to the credit of the appropriation to which the foregoing expenditure is to be charged, and a cash balance, otherwise unencumbered, in the Treasury, to the credit of the fund from which payment is to be made, each sufficient to meet the obligation hereby incurred.

[Signature] 8/29/13
Director of Finance (Date)

ATTACHMENT C – AMENDMENT NO. 1

SCHEDULE OF POSITION CLASSIFICATIONS AND HOURLY RATES

Project No. 89008209 - Constr Mgmt/Inspection for Design Build Rd Reconstruction - 63rd St from Chestnut to Jackson (CS110119)

TASK	EMPLOYEE	TIME HOURS	UNIT COST	TOTAL
GBA daily construction management	Construction Observer 1	360	\$85	\$ 30,600.00
GBA project management	Associate	6	\$165	\$ 990.00
GBA secretarial	Secretarial	3	\$35	\$ 105.00
Subtotal				\$ 31,695.00
DIRECT EXPENSES				
GBA - Mileage (1500 miles @ \$0.56/mile)				\$ 840.00
GBA - Phone (\$60/month)				\$ 120.00
GBA - Internet (\$60/month)				\$ 120.00
Grand Total Labor + Direct Expenses				\$ 32,775.00

Original contract amount

\$359,632

Revised Total contract amount

\$392,407.00

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

GEORGE BUTLER ASSOCIATES, P.A.

using in Missouri the name

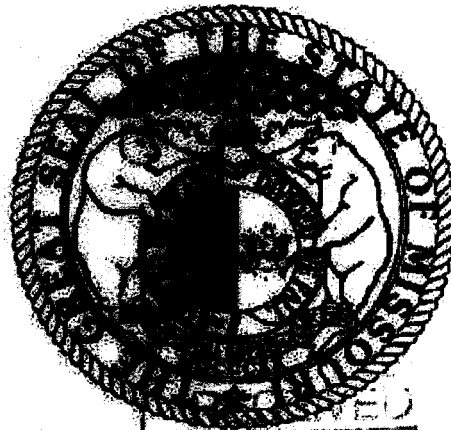
GEORGE BUTLER ASSOCIATES, INC.
F00218071

a KANSAS entity was created under the laws of this State on the 14th day of February, 1980, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 3rd day of July, 2013

Handwritten signature of Jason Kander in black ink.

Secretary of State



Certification Number: 15495530-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>

JUL 03 2013

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.


IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Holmes Murphy-Kansas 6300 W. 143rd Street, Suite 200 PC/Prof. Liability-Kansas City Overland Park, KS 66223	CONTACT NAME: Monica Wilks PHONE (A/C, No, Ext): 913 680-1220 FAX (A/C, No): 866 501-3940 E-MAIL ADDRESS: mwilks@holmesmurphy.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Travelers Indemnity Co of CT</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>National Union Fire Ins. Co. PI</td> <td>19445</td> </tr> <tr> <td>INSURER C:</td> <td>Accident Fund Ins. Co. of Ameri</td> <td>10166</td> </tr> <tr> <td>INSURER D:</td> <td>XL Specialty Insurance</td> <td>37885</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Travelers Indemnity Co of CT		INSURER B:	National Union Fire Ins. Co. PI	19445	INSURER C:	Accident Fund Ins. Co. of Ameri	10166	INSURER D:	XL Specialty Insurance	37885	INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Travelers Indemnity Co of CT																				
INSURER B:	National Union Fire Ins. Co. PI	19445																			
INSURER C:	Accident Fund Ins. Co. of Ameri	10166																			
INSURER D:	XL Specialty Insurance	37885																			
INSURER E:																					
INSURER F:																					
INSURED George Butler Associates, Inc. 9801 Renner Blvd. Lenexa, KS 66219-9718																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

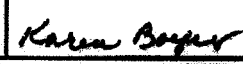
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	6806009L679	11/01/2012	11/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	BA6009L803	11/01/2012	11/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000	BE084193018	12/01/2012	11/01/2013	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A	WCV6049785	11/01/2012	11/01/2013	<input checked="" type="checkbox"/> IWC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Professional Liability	DPR9707640	07/07/2013	07/07/2014	\$5,000,000 per claim \$10,000,000 annl aggr

SURETY VERIFIED BY

 George H. Goodie
 JUL 03 2013

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Project No. 89008209-001 (07/01/2013)- Amendment 1, Construction Management/Inspection for Design Build Road Reconstruction - 63rd St. from Chestnut to Jackson (CS110119), GBA Project No. 12432
 The City of Kansas City, Missouri is added as additional insured on all policies except the professional liability, workers compensation and employers liability as required by written contract.

RECEIVED
 JUL 03 2013

CERTIFICATE HOLDER City of Kansas City, Missouri 414 E. 12th St. Kansas City, MO 64106	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

This page has been left blank intentionally.

RECEIVED
JUL 03 2013