



Request for City Manager Signature (\$50,000 and higher)

Project Name/Contract Number:	On-Call Materials Testing	#217-435.10
Department Contact / Department Name:	Jakob Peetz	Eng/CIP
Date of City Council Approval: (Past or Recent)	09/13/2018	
Return Signed Document to:	Jakob Peetz	Ext: 8144

Background/Purpose:

Additional funds to be added to existing capped funding amount.

Funding:

Project Number	Fund	Phase	GL Account	Amount
By fund authorization	N/A	N/A	N/A	\$151,000.00

Reviewed / Approved:

User Department Director:		Date:	
Purchasing / Contracting POC:		Date:	
Finance Director: (CDBG-DR)		Date:	
Purchasing Manager:		Date:	
Other Depts. as needed			

AUTHORIZATION OF CHANGE IN SERVICE

CONTRACT NUMBER / CONTRACT NAME:	217-435.10	On-Call Materials Testing	
CITY REPRESENTATIVE/ DEPARTMENT:	Jakob Peetz		
CONTRACTOR:	Terracon Consultants, Inc.		
CONTRACT EFFECTIVE DATE:	September 18, 2018	COUNCIL RES. NO:	2018-127R
THIS AUTHORIZATION DATE:	June 14, 2021	AUTHORIZATION NO.:	2

DESCRIPTION OF WORK TO BE ADDED TO OR DELETED FROM SCOPE OF SERVICES:

Additional funds to be added to existing capped funding amount.

Original Contract Amount:		\$ 200,000.00
Previous Increases/Decreases in Contact Amount:		\$ 49,000.00
CURRENT CONTRACT AMOUNT:		\$ 249,000.00
This Increase/Decrease in Contract Amount:		\$ 151,000.00
REVISED CONTRACT AMOUNT:		\$ 400,000.00

CONTRACTOR: 
 Signature _____ Date 6/14/21
James G. Bierschwald / Vice President
 Print Full Name / Title (if not in individual capacity)

CITY:

Signature _____ Date _____

Print Name / Title

City Department Use Only Below This Line (PM, POC, etc.).

Account Number(s):	Amount	Date
# By fund authorization	\$	
#	\$	
#	\$	