TEXAS
Health and Human Services

ATTACHMENT J

ADDITIONAL SERVICES PROPOSAL FOR PRE-CONSTRUCTION PHASE SERVICES

ATTACHMENT J

ADDITIONAL SERVICES PROPOSAL FOR
PRE-CONSTRUCTION PHASE SERVICES

ASP No.: _____

Project No.: _____

Project Name: _____

Facility/Campus:_____

Date: _____

To: Project Manager: _____

Street Address: _____

City, State, Zip: _____

From: Construction Manager: _____

Street Address: _____

City, State, Zip: _____

CONSTRUCTION MANAGER

Please refer to the Agreement dated _____, 20___ between the Texas Health and Human Services Commission ("**Owner**") and the undersigned ("**Construction Manager**") as amended to the date hereof (such agreement as so modified and amended being hereafter called the "**Agreement**") pursuant to which Construction Manager is to perform certain services. The terms, which are defined in the Agreement, shall have the same meanings when used in this letter.

1. The Owner has requested the performance of the services described below which Construction Manager deems to be Additional Services.

   [INSERT DESCRIPTION OF ADDITIONAL SERVICES]

2. Construction Manager agrees to perform the Additional Services described above subject to and in accordance with the terms and provisions of the Agreement for a fee which will be determined in accordance with the Agreement but which will not exceed _____ Dollars ($_____).

3. Construction Manager will perform the services no later than _____, 20___ (_____) days after Construction Manager is authorized to proceed.

If the foregoing is acceptable to you, please so execute by signing the enclosed copy of this letter in the space below and insert the date.

Construction Manager

By: _____

Name: _____

Title: _____

Date: _____

Current Pre-Construction Phase Fee Summary

ORIGINAL Pre-Construction Phase Fee:	($_____)
Previous Additions:	($_____)
Previous Deductions:	($_____)
NET BALANCE of Pre-Construction Phase Fee:	($_____)
THIS Addition / Deduction:	($_____)
Adjusted Pre-Construction Phase Fee:	($_____)

APPROVED:

Accepted this _____ day of _____, 20___. Construction Manager Contractor is authorized to commence performance of the Additional Services on _____ day of _____, 20___.

Health and Human Services Commission

By:_____
Printed Name: _____
Title: _____

Date:_____

Cc: Resident Construction Manager
Contract Manager
Group Accounting Supervisor
Central File

(Remainder of Page Intentionally Left Blank)