**CONSULTANT WORK ORDER PROPOSAL**

*(Should be on consultant letterhead and must be dated)*

Date:

Dear      :

*<insert firm name>* proposesto provide the services identified below for the project entitled “**”** *<insert project name>***,** *<insert Project B number>”,* pursuant to its Professional Service Agreement with the City of Miami for *<drop down menu>* services, dated       *<insert contract execution date>.*

1. **GENERAL**

*<This should be a narrative description of the project and the identification of specific tasks (e.g., design services and post-design services) that Consultant is required to perform>*

1. **SCOPE OF WORK**

*Detailed description in outline and narrative form of each activity to be undertaken to accomplish each task, activity, and/or deliverable. Example:*

* 1. Task 1 – Pre-Design Services & Testing
     1. Survey *<detailed description of each activity>*
     2. Materials Testing *<detailed description of each activity>*
  2. Task 2 – Design Services
     1. Design Development *<detailed description of each activity>*
     2. Construction Documents *<detailed description of each activity>*
  3. TASK x

*Repeat as above for each major task area, sub-task, activity and/or deliverable*

1. **SUB-CONSULTANTS**

The below listed Sub-Consultants will assist in the performance of the Work.

|  |  |
| --- | --- |
| **Sub-Consultant Name** | **Specialty or Expertise** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **SCHEDULE OF WORK – TIME OF PERFORMANCE**

*Use the table below to specifically identify tasks, sub-tasks, activity and/or deliverable, the duration for completion & projected completion from date of written notice to proceed.*

*Example:*

Consultant shall submit the Deliverables and perform the Work as depicted in the tables below

(additional pages may be added as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***SCHEDULE OF DELIVERABLES*** | | | |
| **Task, Sub-task, or Activity ID #** | | **Major Task, Sub-Task, Activity, or Deliverable** | ***Duration*** *(specify weeks or calendar days)* | **Delivery Date\***  *(cumulative weeks, or calendar days)* |
|  | |  |  | NTP + |
|  | |  |  | NTP + |
|  | |  |  | NTP + |
|  | |  |  | NTP + |
|  | |  |  | NTP + |

*\* An updated schedule, indicating actual delivery dates, based on the above durations, will be provided to the City upon receipt of the NTP.*

**V**. **COMPENSATION**

Consultant shall perform the Work detailed in this Proposal for a Total  *<drop down menu>* fee of       dollars and       cents (     )*<insert amount in words and figures>*. The City shall not be liable for any fee, cost, expense or reimbursable expense or other compensation beyond this amount. Said fee includes an allowance for Reimbursable Expenses required in connection with the Work, which shall not exceed      . Said Reimbursable Expenses shall be used in accordance with the Agreement Provisions and shall conform to the limitations of Florida Statutes § 112.061.

*Provide additional detail regarding the fees, and manner of compensation. Consultant shall provide a breakdown of staff assigned, hourly rates & anticipated time required.*

| ***SUMMARY OF COMPENSATION\**** | | | |
| --- | --- | --- | --- |
| ***Task, Sub-task, or Activity ID #*** | ***Major Task Name and/or Activity Description*** | ***Fee Amount*** | ***Fee Basis*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | *Subtotal – Professional Fees* |  |  |
|  | *Allowance for Reimbursable Expenses* |  |  |
|  | *TOTAL* |  |  |

*\*Note: Compensation should match the Task, Activities, and/or Deliverables identified.*

1. **ADDITIONAL SERVICES**

The City may establish an allowance for additional services requested by the City and for unforeseen circumstances, which shall be utilized at the sole discretion of the City.

The following services are not included in our basic services:

***<insert items not included>***

1. **DATA PROVIDED BY CITY**

The following information or documents are to be provided by the City:

***<insert items to be provided>***

1. **PROJECT MANAGER**

CONSULTANT’S Project Manager for this Work Order assignment will be      ***<insert name, title>.***

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *<signature of authorized company official>*

Name *<print name and title>*

Firm

Reviewed and approval in concept

recommended by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name, Project Manager

Enter City of Miami Department