March 15, 2024

CONSULTANT NAME

FIRM

ADDRESS

RE: # - PROJECT NAME

University of Missouri – CAMPUS

Dear NAME:

Enclosed are three copies of a Land Surveyor Agreement between Owner and Consultant in connection with the above project. Sign and return all three copies of this Agreement to me at the address above. Please include your Federal Identification Number. An executed copy will be returned to you. The current reimbursable expense budget is $\_\_\_\_\_\_\_\_ and this budget may not be exceeded without written authorization from the Project Manager. Please refer to Article 9.9 of the agreement.

For your convenience, the updated version of the UM Consultant Procedures and Design Guidelines as referenced in Exhibit A is available at:

<https://www.umsystem.edu/ums/fa/facilities/guidelines/>.

When returning your executed agreements, include certificates of insurance or copies of your insurance policies verifying you are covered by:

1. Comprehensive General Liability (CGL)

A CGL policy listing "The officers, employees, and agents of The Curators of the University of Missouri" as additional insured in the amounts stated in 2.1.10.3

2. Auto Liability showing Any Auto **OR** Hired, Owned, or Non-Owned coverage in the amounts stated in 2.1.10.4.

3. Professional Liability in the amounts stated in 2.1.10.5 and Exhibit A.

4. Worker's Compensation (employer's liability) in the amounts stated in 2.1.10.6.

The certificates must state, or the policies must be endorsed to read coverage will not be cancelled or altered until after the Owner has received 10 days prior written notice.

Forward all correspondence on this project to me as UM Project Manager, and copy to NAME, ADDRESS as UM\_\_ Project Manager. All work and changes to original written project scope must be approved and authorized by me. Payment will be made only for approved work.

Please submit invoices for this project on your company letterhead, and identify the project name and number on the invoice to assure timely payment. All payment requests for professional services should be forwarded directly to me.

Sincerely,

Project Manager Name

Title

Enclosures

c: Campus Admin Staff

UNIVERSITY OF MISSOURI

STANDARD CONSULTANT AGREEMENT BETWEEN

OWNER AND CONSULTANT

AGREEMENT

Made as of the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_in the year Two Thousand \_\_\_\_\_\_\_\_\_\_\_\_

BETWEEN the Owner: The Curators of the University of Missouri

And the Consultant CONSULTANT NAME

CONSULTANT ADDRESS

For the following project: PROJECT #

PROJECT NAME

hereinafter called "the project", and as more particularly described in the Project Description contained in Exhibit A, the Consultant's Hourly Rate Schedule (Exhibit B) attached hereto and incorporated by reference. The Owner will employ the Consultant to perform professional services in respect thereto and as hereinafter set forth.

EXHIBIT A - PROJECT DESCRIPTION

LAND SURVEYOR AGREEMENT

**DATE:**

**PROJECT:**

**PROJECT NO.:**

**CONSULTANT:**

**PROJECT MANAGER(S):**

**SCOPE OF WORK:**

[Describe the scope of consultant services commensurate with the schedule and fee shown below; attach a detailed schedule of tasks as Exhibit C if necessary]

**TOTAL CONSTRUCTION AMOUNT AVAILABLE:**

**PROJECT SCHEDULE:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Submit Review Documents to Owner** | **Number of Review Copies Required** |
| Schematic Design Phase Complete | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Design Development Phase Complete | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Construction Documents Complete | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Advertising | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Bid Opening | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Construction Start | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |
| Construction Complete | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ | \_\_\_ |

**CONSULTANT'S FEE:**

[Describe fee and include any changes to the payment schedule (see Article 9.2)]

[For lump sum and not-to-exceed fees, attach the hourly rate schedule, Exhibit B]

**PROJECT REQUIREMENTS:**

Consultant Procedures and Design Guidelines (2.1)

http://www.umsystem.edu/ums/departments/fa/management/facilities/guidelines/

Amount of Professional Liability Insurance Required (2.1.10.5): $1,000,000

Life Cycle Cost Studies For Alternate Systems Required (2.2.4): YES OR NO

Projected Energy Performance Estimate Required (2.2.5): YES OR NO

Required Visits:

Board of Curators Presentation (2.2.7) YES OR NO

If yes, Number of Schematic Design Reports required: NUMBER

Prebid Meeting (2.5.1) YES OR NO

Bid Opening (2.5.1) YES OR NO

Number of Construction Observation Visits (per person) included (2.6.6): NUMBER

Max. allowance (per person) per additional visit (3.3): $AMOUNT

**EXHIBIT B - CONSULTANT'S HOURLY RATE SCHEDULE**

**LAND SURVEYOR AGREEMENT**

**DATE:**

**PROJECT:**

**PROJECT NO.:**

**PROJECT COORDINATOR(S):**

**CONSULTANT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Title | Hourly Rate |
|  |  |
|  |  |

Consultant’s Reimbursable Expense Schedule

The expense of telephone calls, deliveries, faxes, e-mail, computer use, mileage and or other travel costs, meals and lodging for out-of-town trips, photocopying costs and expenses of a similar nature will not be considered reimbursable expenses unless such items are specifically authorized by the University. An authorized reimbursable can only be exceeded by written authorization from the Project Manager. All items authorized shall be reimbursed for the actual cost, without overhead and markup. The following items have been authorized for reimbursement to the consultant as indicated herein:

**Telephone Calls, Deliveries & Faxes:**

Telephone calls, deliveries and faxes are reimbursed at actual cost. Invoice should include phone number called and cost.

Reimbursable: YES/NO

**Mileage:**

The use of a vehicle for UM business is reimbursed at current IRS rate. The request for payment should specify the date of travel, the traveler’s names, departure and destination points, and the purpose of the trip (prebid, review meeting, etc.)

Reimbursable: YES/NO

**Other Travel Costs:**

Airfare, Car Rental, Taxis and Parking are reimbursed at actual cost. The request for payment should include the receipt, the name of the traveler, the date of travel, and the departure and destination points. Use lowest airfare available. Take advantage of discounts through advance booking when appropriate. Rental cars will be the least expensive, air-conditioned, automatic, midsize car available.

Reimbursable: YES/NO

**Meals:**

Meals are reimbursed at actual cost (including taxes and tips) up to the following maximum per person; $42 per day. Alcoholic beverages are not reimbursable. Meal receipts are required if any one item exceeds $75 (Example: Lunch for eight people totaling $77 requires a receipt even though the per person cost is within the meal maximum.) The date and name(s) of the recipient(s) should be included in the request for payment for all meals with more that one person on the ticket.

Reimbursable: YES/NO

**Lodging:**

Lodging is reimbursed at actual cost (including tax) at the rate of a single occupancy only. Receipts and the name of the lodger should accompany the request for payment. If a single occupancy rate is not used, explanation must be provided. You may use University rate discounts when working on University projects, please contact the Project Manager.

Reimbursable: YES/NO

**Miscellaneous Photocopying or Printing:**

Printing and photocopying of reports and review are reimbursed at actual cost. Receipts including dates should be submitted with the request for payment. Invoice should include number of copies and cost per copy.

Reimbursable: YES/NO

**Renderings, Models, Video or Booklets:**

Reimbursed at actual cost. All items require Project Manager approval.

Reimbursable: YES/NO