



**TEXAS**  
Health and Human Services

# **ATTACHMENT J**

## **ADDITIONAL SERVICES PROPOSAL FOR PRE- CONSTRUCTION PHASE SERVICES**

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**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

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