



HRD Request for Modification or Substitution Approval

Date: June 3, 2021
 To: Andrea Dorch, Human Relations Department
 From: Leona Walton, Water Services Department
 Subject: Contract/Project No.: 9522/80002229
 Project Title: Laboratory Facility Renovations and Modifications

<input type="checkbox"/> Amendment No. _____ <input type="checkbox"/> Change Order No. _____ (See Contract Summary on the next page.) <input checked="" type="checkbox"/>	
Funding: <input checked="" type="checkbox"/> City (MBE/WBE/DBE) <input type="checkbox"/> Federal (DBE) ¹ <input type="checkbox"/> State (DBE) ¹ - Grant _____ <input type="checkbox"/> Other:	
Contract Category: <input type="checkbox"/> Construction <input type="checkbox"/> General Service <input type="checkbox"/> Facility Repair <input checked="" type="checkbox"/> Design Professional <input type="checkbox"/> Professional Services <input type="checkbox"/> Concession <input type="checkbox"/> Other:	
Company: Finkle-Williams, Inc. Contact: John L. Gaar Contact Email: jgaar@finklewilliams.com	Address: 7007 College Boulevard, Overland Park, KS 66211 Phone: 913-498-1550 extension 110 Fax: 913-498-1040
Additional Information: 	

cc: Debra Smith, Project Manager

FOR HUMAN RELATIONS DEPARTMENT USE ONLY	
The attached <u>Request for Modification or Substitution</u> is:	The Request for Best Faith Efforts Waiver is:
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Approved
<input type="checkbox"/> Disapproved	<input type="checkbox"/> Disapproved
	<input type="checkbox"/> Not Applicable
Contractor Utilization Plan Participation as Amended: <u>24.8%</u> MBE & ¹⁰ <u>10</u> % WBE or _____ % DBE	
Contractor Designated by: <u>Kimberly Daniels</u>	Date: <u>6/22/2021</u>
Human Relations Department	Date

FOR GRANTING AGENCY USE ONLY² <input type="checkbox"/> N/A	
Approved by: _____	
Date: _____	

¹ DBE Programs apply to specific federal or state grant requirements.

² Federal and state grant agreements may require granting agency approval of D/M/WBE participation changes.

CONTRACT SUMMARY³

Approved CUP:	25% MBE	Original Contract Maximum Obligation:	\$351,000.00
	14% WBE	Amendment/Change Order No. 1:	_____
	__% DBE	Amendment/Change Order No. 2:	_____
		Amendment/Change Order No. 3:	_____
		Amendment/Change Order No. 4:	_____
		Amendment/Change Order No. 5:	_____
		Current Maximum Obligation:	\$351,000.00
		<i>Proposed Amendment/ Change Order No. _____</i>	\$ _____
		<i>Proposed Revised Contract Maximum Obligation</i>	\$ _____

Attach a copy of the most recent 00485.01 M/WBE Monthly Utilization Report

³ The CONTRACT SUMMARY information should match information and calculations gathered and computed on the Contract Amendment or Change Order Preparation Checklist. The Checklist forms are found on Contract Central.