**Town of \_\_\_\_\_\_\_\_ - TASK ORDER #1**

In accordance with the Notice-to-Proceed dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Client) to TETRA TECH, INC. (Contractor), Client hereby authorizes the services to be performed for the period of performance and within the estimated budget set forth herein:

**PROJECT:** Disaster Debris Monitoring and Management Services

 EVENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DURATION OF WORK:**

Estimated period of performance is from through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the extent the period of performance is required to be extended due to reasons beyond Contractor’s control, such unforeseen circumstances may result in an increase in the project timeline and budget.*

**SCOPE:**

Monitoring of debris operations performed under ATTACHMENT 1 (DEBRIS MANAGEMENT TASK ORDER, TO BE ATTACHED)

**ESTIMATED COST (not to exceed)**

Initial Not-to Exceed Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Hourly** | **Estimated** | **Estimated** | **Hours /** | **Total** |
| **Position** | **Rate** | **Staff** | **Days** | **Day** | **Costs** |
|  |  |  |  |  |  |
| Project Manager | $84.00 |  |  |  |  |
| Field Manager/Supervisor | $45.00 |  |  |  |  |
| Field Monitor | $33.50 |  |  |  |  |
| Debris Management Site Monitor | $33.50 |  |  |  |  |
| Data Manager | $49.00 |  |  |  |  |
| Health and Safety Manager | $49.00 |  |  |  |  |
| Billing/Invoice Analyst | $55.00 |  |  |  |  |
| GIS Specialist | $58.00 |  |  |  |  |
| Project Coordinator | $40.00 |  |  |  |  |
| Environmental Specialist | $95.00 |  |  |  |  |
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|  |  |  |  |  |  |
| **Total Estimated Project Costs\*** |   |   |   |   |  |

*\*The above estimated level of effort and associated costs are based on available information at the time the estimates were prepared and do not represent the actual cost of the project.  Due to the uncertain nature of the work involved, Contractor cannot guarantee that the work will be performed within the estimated amount provided above.  If, during the performance of this work, it is determined additional hours, expenses and/or funding is required in order to complete the project, Contractor and Client will mutually agree on a new/revised estimated cost and Contractor will not proceed without written authorization from an authorized representative of Client.*

**SCOPE:**

Contractor shall provide the following services:

1. Hiring, scheduling, training and managing field monitoring staff.
2. Certifying contractor vehicles for debris removal using methodology and documentation practices appropriate for contract monitoring.
3. Monitoring and documenting debris removal contractor operations.
4. Developing operational reports to keep Client informed of work progress.
5. Review and reconciliation of debris removal contractor invoices prior to submission to Client for processing.

**INVOICE AND PAYMENT:**

Monthly Invoices -- Invoices are to be mailed to:

CLIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATT: Accounts Payable

CLIENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment terms are Net 30 days -- Payments are to be mailed to:

 Tetra Tech, Inc.

PO 911642

Denver, CO 80291-1642

**APPROVED BY:**

**TETRA TECH, INC. CLIENT NAME**

Signature: Signature:

Name: Name:

Title: Title:

Date: Date: