Admin Form 908-02 (7/00)

Contract Specialist: **Talia Landucci Owen**

CONSULTANT SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT FOR STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES MASTER CONTRACT

PROJECT NAME: Construction Audit Master Contract
LOCATION: Various in MN

CONSULTANT: Fort Hill Associates, LLC
ADDRESS: 37 Villa Road, Suite 106
Greenville, South Carolina 29615-3040

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID		ApropID	Category 81101508 93151600	Account 411308 411324	Amount $0.00
Vendor Number 0000873443			Contract Number 71815/T#14ACA	PC BU		Project Number		Activity
Date 9.11.15		Order Number N/A			Line Number	Entered By		Control Number **48144**
[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05]								
Contract Begin Date: **12/12/2013**		Current Est'd Expiration Date: **11/30/2015**				Revised Est'd Expiration Date: **11/30/2018**		

SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT NO. # **1**

This SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, "STATE," and, **Fort Hill Associates, LLC, 37 Villa Road, Suite 106, Greenville, South Carolina 29615-3040**, "CONSULTANT."

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. **71815** for Construction Audit Master Contract; which was effective on December 12, 2013.

WHEREAS,

1. The original contract called for Construction Auditing Services.
2. Minn. Stat. §363A.44 Equal Pay requirements shall apply to this Agreement.
3. Paragraph 1.3, provides for an expiration date of November 30, 2015 and the STATE and CONSULTANT wish to extend the Master Contract.

NOW THEREFORE, it is mutually agreed to amend Contract No. **71815** as follows:

1. Exhibit E1, State of Minnesota Equal Pay Certificate, is attached and incorporated into this Agreement.
2. Paragraph **1.3** language determining expiration date of this contract shall be changed to November 30, 2018.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

IN WITNESS WHEREOF, STATE has caused this Supplemental Agreement/Contract Amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This Supplemental Agreement/Contract Amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. **STATE ENCUMBRANCE VERIFICATION**
Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

SWIFT Order Number : N/A
Certification Signature:
Date: 9.11.15

2. **CONSULTANT: Fort Hill Associates, LLC**
CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

By: (Corporate Signature)
Printed Name: MARTIN S. HOWELL
Title: PRINCIPAL
Date: 9/3/2015

By: (Corporate Signature)
Printed Name:
Title:
Date:

3. **STATE AGENCY:** Department of Administration
Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

By: (Authorized Signature)
Printed Name: Gordon Christofferson
Title: Project Operations Manager
Date: 9/11/15

4. **COMMISSIONER OF ADMINISTRATION**, as delegated to Materials Management Division:

By: (Authorized Signature) Lynn A. Klessig
Date: 9/16/2015

35910

Distribution:
Agency – Original (fully executed) Contract
Department of Administration
Contractor
State Authorized Representative

Exhibit E1

State of Minnesota – Equal Pay Certificate

If your response could be in excess of $500,000, please complete and submit this form with your submission. **It is your sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate (Equal Pay Certificate) from the Minnesota Department of Human Rights (MDHR) prior to contract execution. You must supply this document with your submission.** Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or at compliance.MDHR@state.mn.us.

Option A – If you have employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the applicable box below:

☐ Attached is our current MDHR Equal Pay Certificate.

☐ Attached is MDHR's confirmation of our Equal Pay Certificate application.

Option B – If you have not employed 40 or more full-time employees on any single working day during the previous 12 months in Minnesota or the state where you have your primary place of business, please check the box below.

☑ We are exempt. We agree that if we are selected we will submit to MDHR within five (5) business days of final contract execution, the names of our employees during the previous 12 months, date of separation if applicable, and the state in which the persons were employed. Documentation should be sent to compliance.MDHR@state.mn.us.

The State of Minnesota reserves the right to request additional information from you. **If you are unable to check any of the preceding boxes, please contact MDHR to avoid a determination that a contract with your organization cannot be executed.**

Your signature certifies that you are authorized to make the representations, the information provided is accurate, the State of Minnesota can rely upon the information provided, and the State of Minnesota may take action to suspend or revoke any agreement with you for any false information provided.

	MARTIN S. HOWELL	PRINCIPAL
Authorized Signature	Printed Name	Title
FORT HILL ASSOCIATES, LLC	562605132	9/3/2015
Organization	MN/FED Tax ID#	Date
Issuing Entity		Project # or Lease Address