

FAIRFAX WATER
AMENDMENT NO. 1
DAM ENGINEERING SERVICES - BOA
RFP 16-04

THIS AMENDMENT, entered into as of the 26th day of July, 2017, by and between Fairfax Water and Gannett Fleming, Inc., amends the original Basic Ordering Agreement for Dam Engineering Services - BOA, dated July 15, 2017, in the Section indicated.

EXHIBIT A – RATES AND FEES

Exhibit A dated June 30, 2017 through June 30, 2018 shall replace Exhibit A dated June 30, 2016 through June 30, 2017. A 1.3% escalation has been included with new pricing starting on June 30, 2017.

All other provisions of the original contract shall remain in place.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the day and year first written above.

GANNETT FLEMING, INC.

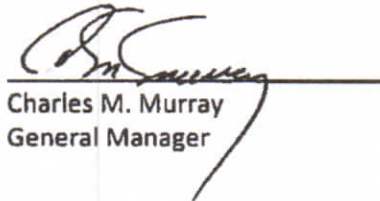
FAIRFAX WATER

By:



Aaron D. Keno
Project Principal

By



Charles M. Murray
General Manager

Attachments: Exhibit A dated June 30, 2017
Exhibit C dated July 2017

GANNETT FLEMING, INC.

**EXHIBIT A
Rates and Fees**

Rates are in Effect for Year 2017 from June 30, 2017 to June 30, 2018

Engineering

Note: A multiplier of 3.00 had been applied to the hourly rates to calculate "Billed Hourly Labor Rates" in the original Agreement for Services. Rates listed below have been inflated by 1.3% over original rates based on the Agreement for Services paragraph 2.3.

Classification	Billed Hourly Labor Rate (Min)	Billed Hourly Labor Rate (Max)	Personnel
Principal	\$231.57	\$266.06	A.Keno, R. Holderbaum, T. Dreese, G. Lund, P. Schweiger
Engineering Manager	\$203.01	\$244.15	J. Berezniak, R. Kline, C. Krebs, M. Knight, C. Bailey
Senior Project Manager	\$207.22	\$207.22	R. Saber
Project Manager	\$183.86	\$187.18	T. Johnston, B. Howard
Assistant Project Manger	\$168.09	\$168.09	E. Neast
Project Engineer	\$122.47	\$141.80	D. Snyder, B. Israel- Devadason, S. Davidheiser
Design Engineer II	\$106.67	\$113.94	A. Kulik, J. Bell, A. Shaner
Design Engineer I	\$89.65	\$97.97	E. Fromherz, P. Christner
Staff Technician	\$69.59	\$87.64	J. Stone, C. Israel
Clerical	\$68.99	\$90.70	J. Bauer, K. Maginn
Surveyor	\$99.68	\$108.61	A.Moyer, B.Miller

Notes:

1. If necessary, additional employees and associated hourly rates and labor categories may be submitted for Fairfax Water approval.

Direct Expenses

Item	Cost	Unit
Auto Mileage (Not to Exceed FW)	\$0.54	Mile
Travel	Actual	N/A
Meals (local)	N/A	N/A
Meals (out of town, defined as >20 mile radius)	Per Diem ¹	N/A

Color copies		
8.5 x 11	\$0.75	Sheet
11 x 17	\$1.25	Sheet
24 x 36 (Full Size)	\$12.00	Sheet
Black & White copies		
8.5 x 11	\$0.08	Sheet
11 x 17	\$0.12	Sheet
24 x 36 (Full Size)	\$1.50	Sheet
Shipping	Actual	

1. Direct Expenses may not be accelerated during the duration of the contract.
2. Tolls at cost (not to exceed Fairfax Water guidelines).
3. Subcontract charges marked up 5%.
4. Other direct cost not specifically listed will be at cost.
5. No direct cost for telephone, normal delivery U.S. Mail, or computer charges.

¹ Per Diem rates to be consistent with applicable IRS tax rules and as published by the General Services Administration.

Fairfax Water



Project Principal
» Aaron D. Keno, PE

PROJECT MANAGEMENT



Project Manager
» Paul G. Schweiger, PE, CFM



Deputy Project Manager
» Steven Davidheiser, PE

**Quality Assurance/
Quality Control**

- » Rodney E. Holderbaum, PE (Dams)
- » Trent L. Dreese, PE (Geotechnical)

Emergency Action Plan Exercises and Drills

- » Paul G. Schweiger, PE, CFM
- » Joseph R. Bell

Operation and Maintenance Plans/Emergency Action Plans

- » Robert A. Kline, Jr., PE
- » Adrienne K. Shaner, PE

Hydraulic and Hydrologic Expertise

- » Amanda J. Hess, PE, CFM
- » Benjamin Israel-Devadason, PE, CFM

Regulatory Support

- » Robert A. Kline, Jr., PE
- » Adrienne K. Shaner, PE
- » Aaron D. Keno, PE

Dam Safety Management Practices

- » Michael A. Knight, PG
- » John N. Berezniak, PE

General Impounding Structure Engineering Support

- » Timothy W. Johnston, PE
- » Boyd Howard, PE
- » Guy S. Lund, PE

SUPPORT SERVICES

Quarry Permitting and Repurposing

- Michael A. Knight, PG
- Thomas V. Waddington, PG

Surveillance Monitoring

- Donald P. Roarabaugh, PE
- Christopher S. Bailey, PE

Geotechnical

- Robert T. Saber, PE
- Cari R. Beenenga, PE
- David M. Snyder, PE

Water Treatment Plant Coordination

- Jeffrey L. Raffensperger
- Timothy J. Glessner, PE

Flood Inundation Mapping

- Christopher D. Krebs, PE, CFM, GISP

Surveying

- Adam J. Moyer, PLS

VADCR Dam Inspections

- Timothy W. Johnston, PE
- Steven Davidheiser, PE
- Adrienne K. Shaner, PE
- Wesley Hollenbach

Civil

- Eric C. Neast, PE
- Chad Hoover, PE, ENV SP

Diving Investigations/Inspections

- Timothy W. Johnston, PE

Dam Security Planning

- William F. Foos
- Frank Calcagno, Jr, RG

Emergency Response

- Paul G. Schweiger, PE, CFM
- Aaron D. Keno, PE

Construction Management

- Thomas B. Pursel, PE

» Key Personnel



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/19/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gunn-Mowery P.O. Box 900 Camp Hill PA 17001-0900		CONTACT NAME: Janice Bolton PHONE (A/C. No., Ext.): 717-761-4600, Ext. 3031 FAX (A/C. No.): 717-761-6159 E-MAIL ADDRESS: JBolton@GunnMowery.com	
INSURED Gannett Fleming, Inc. P.O. Box 67100 Harrisburg, PA 17106-7100		INSURER(S) AFFORDING COVERAGE INSURER A: PA Manufacturers' Assoc Ins Co. NAIC # 12262 INSURER B: PA Manufacturers Indemnity Co. NAIC # 41424 INSURER C: INSURER D: INSURER E: INSURER F:	


COVERAGES CERTIFICATE NUMBER: 1571220607 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	3017012907384A 3017012907384B	2/1/2017 2/1/2017	2/1/2018 2/1/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPIOP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COMP. \$1,000 <input checked="" type="checkbox"/> COLL. \$1,000	Y	Y	1517012907384	2/1/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2017012907384A 2017012907384B	2/1/2017 2/1/2017	2/1/2018 2/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
1008-0 RFP #16-04; Dam Engineering Services. The following are considered as Additional Insureds for General Liability and Automobile policies as per written contract: Fairfax County Water Authority. [IV-Virginia Beach]

54781

CERTIFICATE HOLDER FAIRFAX COUNTY WATER AUTHORITY 8570 EXECUTIVE PARK AVENUE FAIRFAX VA 22031	CANCELLATION 90 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

6/1/2018

DATE (MM/DD/YYYY)

5/18/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

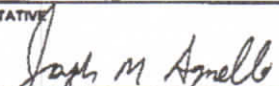
PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
INSURER B: _____		
INSURER C: _____		
INSURER D: _____		
INSURER E: _____		
INSURER F: _____		

COVERAGES + CERTIFICATE NUMBER: 14154621 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	PROFESSIONAL LIABILITY	N N	020720848	6/1/2017	6/1/2018	\$10,000,000 PER CLAIM, \$10,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER. APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED
 1008-054781 RFP #16-04; Dam Engineering Services. (IV-Virginia Beach)

CERTIFICATE HOLDER 14154621 FAIRFAX COUNTY WATER AUTHORITY 8570 EXECUTIVE PARK AVENUE FAIRFAX VA 22031	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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