

**Project Assignment Amendment (PAA) to Master Agreement between
Foothill De Anza Community College District and**

dated _____.

The District and Design Professional will implement this PAA in accordance with the Master Agreement.

1. PROJECT SUMMARY

1.1. Project Information

PAA No.	
Project Name ("Project"):	
Project Location:	
PAA Term:	

1.2. Change Order No _____ : (if applicable)

Original PAA Amount:	\$
Previous Change Orders(+/-):	\$
Total cost of this Change Order (+/-):	\$
New PAA Total:	\$

All general terms and conditions of the Master Agreement and previous Change Orders not expressly modified by this Change Order shall remain unchanged and in full force and effect.

2. PAA Tasks

The Design Professional shall provide all services and deliverables set forth to the Director's satisfaction.

2.1. General Description of PAA

[Insert a general project description to provide context for the tasks.]

2.2. Task No. 1: _____

Services:	<i>[Insert a description of the services required to perform or develop the deliverable.]</i>
Deliverables:	<i>[Insert a description of the deliverable.]</i>
Completion Time:	<p><i>The Design Professional must complete the services and deliverable for this task in accordance with whichever one of the following time is marked:</i></p> <p>On or before the following date: _____</p> <p>On or before ____ Business Days from _____</p>

2.3. TASK NO. 2: _____

Services:	<i>[Insert a description of the services required to perform or develop the deliverable.]</i>
Deliverables:	<i>[Insert a description of the deliverable.]</i>
Completion Time:	<p><i>The Design Professional must complete the services and deliverable for this task in accordance with whichever one of the following time is marked:</i></p> <p>On or before the following date: _____</p> <p>On or before ____ Business Days from _____</p>

2.4. TASK NO. 3: _____

Services:	<i>[Insert a description of the services required to perform or develop the deliverable.]</i>
Deliverables:	<i>[Insert a description of the deliverable.]</i>
Completion Time:	<p><i>The Design Professional must complete the services and deliverable for this task in accordance with whichever one of the following time is marked:</i></p> <p>On or before the following date: _____</p> <p>On or before ____ Business Days from _____</p>

3. PAA Staffing Plan

3.1. District's Contract Manager

The District's contract manager for this PAA is:

Name:	
Department:	
Address:	
Phone No.	
E-mail:	

3.2. Design Professional's Contract Manager and Other Staffing

3.2.1. Contract Manager

The Design Professional's contract manager for this PAA, will be principally responsible for providing the services and deliverables.

Name:	
Address:	
Phone No.	
E-mail:	

3.2.2. Other Staffing

	Name:	Assignment
1.		
2.		
3.		
4.		

3.2.3. Subcontractors (if applicable):

	Subcontractor Name:	Area of Work	Assigned Staff Name	Assignment
1.				
2.				
3.				
4.				

3.2.4. Contract Personnel (if applicable):

	Agency Name	Area of Work	Assigned Staff Name	Assignment
1.				
2.				
3.				
4.				

4. PAA Compensation

The District will compensate the Design Professional for providing the services and deliverables set forth in this Attachment F Section 2 (PAA Tasks) in accordance with the Compensation Table below which is subject to the terms and conditions set forth in the Master Agreement, including without limitation Section 12 and Attachment E – Compensation.

Task No. and Task Title from Section 2 above	Invoice Period	Billing Rate X Hours	Compensation
	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work		\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work		\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work		\$
	<input type="checkbox"/> Monthly <input type="checkbox"/> Completion of Task(s) <input type="checkbox"/> Completion of Work		\$
Maximum Compensation			\$

5. PAA Staffing Change Approval Form

During the course of performance of services, the District may request replacement of a Design Professional employee or a proposed employee, provided that there is reasonable cause.

5.1. Request From District:

Name:	
Title/Department Name:	

5.2. Type of Change Requested

[Select whichever of the following applies. Be sure to delete the sections that are not used. Remove highlighting from form after completing]

5.2.1. REMOVE STAFF

PAA#	Position Title:	
Full Name:		
Last Day of Work		

5.2.2. ADD or REPLACE STAFF

PAA #	Position Title:	
Full Name:		
Commence Work (Start Date)		
If replacing staff, indicate name of previous incumbent in this position <i>(otherwise delete)</i>	_____ replaces _____ in this position. _____'s last day of work will be _____.	
	<ul style="list-style-type: none"> • _____'s actual hourly salary rate for the duration of the PAA# will be \$_____/hour. • This proposal will not change the budget and schedule approved for this task. 	

6. APPROVALS:

"Design Professional"

By: _____
Authorized Signature

Print Name:

Title:

Date: _____

Foothill-De Anza Community College District
"District"

By: _____
Authorized Signature

Print Name:

Title: Executive Director, Facilities & Operations

Date: _____

By: _____
Authorized Signature

Print Name:

Title: Vice Chancellor, Business Services

Date: _____

Date* _____

**Approved by Board of Trustees if applicable*

This contract is not valid until signed by both parties above and approved by the Board of Trustees if the total cost including changes exceeds \$109,300 (2023 limit).