

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM NOTICE TO PROCEED & INVOICE SUMMARY

NTP No: 052
Agreement No: ANTHC-00-C-0204
PSA Expiration Date:

(This form is for any FIXED PRICE Agreement or for a COST REIMBURSEMENT Agreement in which the sum of all NTPs will not exceed \$250,000.)

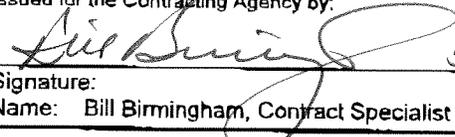
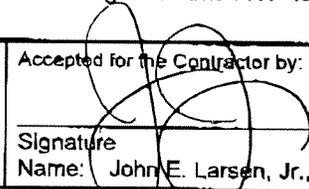
Contractor: Larsen Consulting Group, Inc
Project Title: Multi-Discipline A&E Services

NOTICE TO PROCEED

In accordance with our Agreement, provide the following services (or services described in the following referenced attachment):

Notice to Proceed is issued for design of repair of foundation wall damage, perform site investigation and prepare concept drawing for new 10,000SF ambulatory health care clinic in Glenallen, Alaska. All work/services are to be in strict accordance with the attached Scope of Work. All services shall be completed no later than September 01, 2005.

Compensation for this NTP shall be by the Method(s) of Pay and shall not exceed the authorized amount(s) of \$94,313.00 specified in the Invoice Summary (below). Project Manager for this NTP is: Roger Marcil Tel No. (907) 729-3747.

Issued for the Contracting Agency by:  Signature: _____ Date: 5-25-05 Name: Bill Birmingham, Contract Specialist	Accepted for the Contractor by:  Signature: _____ Date: 5/25/05 Name: John E. Larsen, Jr., P.E.
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INVOICE SUMMARY

This Invoice is for [] Progress OR [] Final Payment. **Sequential Invoice Number for this NTP is: [051].**

* Each firm may be compensated by only one of the following Methods of Payment for this NTP:
 Fixed Price (FP)..... Amounts entered in Columns "c" and "g" only Cost Plus Fixed Fee (CPFF)..... Columns "c", "d", "e", "f" and "g" only
 FP + Expenses (FPPE)..... Columns "c", "e" and "g" only Time and Expenses (T&E)..... Columns "c", "e" and "g" only

Firms (Prime & Subcontractors)*	Meth of Pay	Labor (or FP)	Indirect Cost	Expenses	Fixed Fee	Total Price
	TE					
	FP	\$94,313.00				\$94,313.00
	FP					
Total NTP Amount Authorized for All Firms						\$94,313.00
Sum of Prior APPROVED Payments						
Sum for THIS INVOICE						
Sum of Prior Payments and this Invoice						
Balance of Authorized Amount						

ACCOUNTING DATA: PPO# 24540 29038 	PAYMENT REQUEST (Contractor): Signature: _____ Date: _____ Name: _____
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APPROVAL FOR PAYMENT

PAYMENT RECOMMENDED (Agency Project Manager): I certify this Invoice to be valid and accurate and that services were performed substantially in conformance with the contract requirements and schedule. Signature: _____ Date: _____ Name: _____	PAYMENT APPROVED (Authorized Agency Official): Based upon the Contract Manager's recommendation and certification, I hereby approve payment. Signature: _____ Date: _____ Name: _____
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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

INSTRUCTIONS TO CONTRACTOR

for

NOTICE TO PROCEED & INVOICE SUMMARY (NTP)

1. Retain an unmarked, as issued, copy of this (NTP) form to be used for reproduction and billing.

Note **Several NTPs may be concurrently active under one Professional Services Agreement, each requiring separate cost accounting.**

2. If this NTP is unacceptable, notify the Contracting Agency immediately. If acceptable, acknowledge by signature where indicated *on a copy* of this NTP and return it within ten days after your receipt.
3. Submit monthly Invoices to the Agency Project Manager named in this NTP. You may use your firm's invoice forms; however you must also **provide a copy of page one of this NTP form as the FACE PAGE of each invoice submitted and with the following entries accurately completed:**

- a) Indicate if the Invoice is for Progress or Final Payment and show the Sequential Invoice Number for this NTP.
- b) In each column (c, d, e, f & g) where there is an Authorized Amount, show amounts for: Prior APPROVED Payments; THIS INVOICE; Prior Payments plus this Invoice; and Balance of Authorized Amount.

Note "Prior APPROVED Payments" amounts may NOT be the same as the total of all your prior invoices if some items were disallowed or adjustments were made. If a prior billing has not been acknowledged with any payment, or a different amount from your billing was paid without notification to you of the reason(s), attach a request for an explanation and remedial action.

4. Sign, date and enter printed or typed name under "PAYMENT REQUEST (Contractor)" thereby attesting to the following:

"By signature on this form, the Contractor certifies entries to be true and correct for the services performed to date under or by virtue of said Agreement. The Contractor further certifies that all applicable Federal, State and Local taxes incurred by the Contractor in the performance of the services have been paid and that all Subcontractors engaged by the Contractor for the services included in any invoice shall be fully compensated by the Contractor for such services."

5. Substantiate all charges on each invoice, other than for Fixed Prices or Fixed Fees, by attaching a summary of hours expended and hourly labor rate per employee; summary of units completed; subcontractor invoices; expense receipts, etc.; or other proof of expenditures.
6. ***Prime Contractor's Labor and Indirect Cost shall be billed to the Contracting Agency within 45 days of performance. Subcontractors' Labor and Indirect Cost shall be billed to the Contracting Agency within 60 days of performance. All of the Contractor's and Subcontractors' Other Direct Costs (Expenses) shall be billed to the Contracting Agency within 90 days of being incurred. Charges submitted after the above stated times will, at the Contracting Agency's discretion, not be paid.***
7. When each NTP is approximately 75% complete, the Contractor shall determine if the Authorized Amount(s) might be exceeded; and, if so, shall provide an estimate of cost to complete. The Contracting Agency will determine after discussion with the Contractor if additional cost is reasonable and does not include costs that should be absorbed by the Contractor. If additional cost is validated, a negotiated Amendment will be executed which either (1) reduces the scope of services/work products required commensurate with the Authorized Amount(s), or (2) increases the Authorized Amount(s) to that required for completion of the original contract scope.



Contractor Scope of Work

Project Name: Cross Roads Medical Center, Inc. (CRMC)

Location: Glenallen, Alaska

Type of Work: Design repair of foundation wall damage; Perform site investigation and concept drawing for new 10,000 SF ambulatory health care clinic.

Background:

Larsen Consulting, Inc. performed a facility condition assessment of the existing clinic in 2003, which identified the foundation wall damage and other structural issues. Since then, CRMC has requested analysis of property adjacent to the existing facility to determine if the site would support a new 10,000 SF ambulatory health care clinic. Also, CRMC desires to pursue foundation and other structural corrections to the existing facility, so the 1st floor can be retained for administrative space, and the basement converted to mechanical space.

Purpose:

ANTHC is contracting with Larsen Consulting to append the existing facility condition survey to include a site map, soils analysis, site assessment, and concept drawing for the property immediately adjacent to the EAST of the existing facility. Also, Larsen Consulting will prepare design drawings, 1) to correct the foundation wall/structural damage in the existing facility and 2) convert's the basement into unoccupied mechanical space, as defined by National Fire Code 101, and accepted by the State Fire Marshall. The contractor will meet with CRMC management to prepare detailed drawings and a 100% design Construction Cost Estimate for the correction of foundation wall and structural damage.

Tasks & Requirements:

1. The contractor will meet with CRMC management to prepare detailed drawings and a 100% design Construction Cost Estimate for the correction of foundation wall and other structural problems. Design submittals will be "D" size (22"x34") drawings, printed on bond paper and electronic computer "Aided Design (CAD) data, complying with ANTHC CAD standards. ANTHC will provide a compact disk containing these standards.
2. The contractor will meet with CRMC management to prepare detailed drawings and a 100% design Construction Cost Estimate for the conversion of the basement into unoccupied mechanical space as defined by NFC 101 and accepted by the State Fire Marshall. Design submittals will be "D" size (22"x34") drawings, printed on bond paper and electronic computer "Aided Design (CAD) data, complying with ANTHC CAD standards. ANTHC will provide a compact disk containing these standards.
3. The contractor will analyze the site adjacent (and EAST) of the existing facility to determine suitability for the construction of a 10,000 SF (approximate size) ambulatory health care clinic. Site investigation to include determining presence and extent of permafrost
4. The contractor will prepare a concept drawing of the 10,000 SF facility and a site map illustrating the existing facility, proposed 10,000 SF facility, property boundaries, site utilities/utility connections, and site topography.

Deliverables:

1. (Tasks #1 & #2) 65% Design drawings and Construction Cost Estimate in electronic and printed format.
2. (Tasks #1 & #2) 100% Design drawings and Construction Cost Estimate in electronic and printed format.
3. (Tasks #4) Site map in printed format
4. (Tasks #4) Concept drawing in printed format

Schedule:

6/1/2005	Site map and Concept drawing
7/1/2005	65% design submittal & Construction Cost Estimate
9/1/2005	100% design & Construction Cost Estimate