**Attachment 2**

**CITY OF AUSTIN**

**Capital Contracting Office**

**REQUEST FOR CHANGES OF KEY PERSONNEL**

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|   |
| **NAME OF ROTATION LIST OR STAND-ALONE PROJECT AND** **CONTRACT #:**  |  |
| **PRIME CONSULTANT:** | Firm Name:  |
| **SUBCONSULTANT, if applicable:** | Firm Name:  |
| **ADDED KEY PERSONNEL** **ATTACH:*** **Qualifying resume**
* **Key Personnel Request for Hourly Rate Approval Form**
 | Personnel Name: Title: Loaded Hourly Rate: Registration or License #:  |
| **REMOVED KEY PERSONNEL**  | Personnel Name: Title: Loaded Hourly Rate: Registration or License #:  |
| **REASON FOR CHANGE:** |  |

CONSULTANT PRINCIPAL OR AUTHORIZED CONTRACT SIGNATORY:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print) Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Please Print) Date

**\*\*\*CITY OF AUSTIN ONLY\*\*\***

Contract Sponsor Approval CCO Representative Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signature Date

Project Manager Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**NOTE: File in Contract File**

**Attachment 2**

**CITY OF AUSTIN**

**Capital Contracting Office**

**REQUEST FOR CHANGES OF KEY PERSONNEL SUMMARY**

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| **This document is for use by City of Austin consultants for requests to change KEY PERSONNEL on Professional Services Agreements (PSA) or Rotation Lists (RL) that have been solicited using a qualifications-based evaluation and selection process. Information provided will be used to determine if recommended replacement personnel are as qualified as the previous key personnel. Please use 10-point font or larger.** **PROJECT MANAGER**   **PROJECT PROFESSIONAL**   **PROJECT PRINCIPAL**   |
|  | **Current Key Personnel** | **Requested Key Personnel** |
| **Name, Title** |  |  |
| **Firm Name** |  |  |
| **Years of Experience** | Current Years of Experience      Experience relevant to contract       |  |
| **Education** | (As stated in the original RFQ) |  |
| **Certifications** | (As stated in the original RFQ) |  |
| **Professional License** | License No:      Number of years:       |  |
| **Project #1** | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       |
| **Project #2** | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       |
| **Project #3** | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       | Firm Name Work Performed Under:      Year Completed:       Construction Cost:      Client or Owner's Representative:      Title of person named above:      Address of person named above:      Phone number of person named above:      Project Description:      Work performed by Individual:       |
| **Additional Comments or Justifications** | (Reason for replacement)  |  |

\*Add additional pages as needed