**Attachment 2**

**CITY OF AUSTIN**

**Capital Contracting Office**

**REQUEST FOR CHANGES OF KEY PERSONNEL**

|  |  |
| --- | --- |
|  | |
| **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**

|  |  |  |
| --- | --- | --- |
| **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