



Contract Administrator

Task Order # 002AS01
Parent Contract Reg. # 20126200916
Child Contract Reg. # 20157202626
 Check here if Supplemental: (If Supplemental Task Order, Sections B.3 and D.2 must be completed.) Date: 11/21/2014

Contract Admin. Name: SUNDARI CHOCKALINGAM **Location:** 4-060 **Tel:** 718-391-2456
Contract's Administrative Level: Division-Wide
 Original Contract Limit: \$ \$1,644,273.00 Current Contract Limit: \$ \$7,981,235.49
 Contract Start Date: 12/12/2014 Orig. End Date: 2/12/2015 Extended End Date: _____

Project Manager

A. Project/Task Order Information (Please print):
PM Name: Ron Albinson **Program Unit:** HUMAN SERVICES **Tel:** 718-391-2847
FMS (Capis) ID: NYCHRO **Client Agency:** HRO **DDC Project ID:** NYCHRO
Project Name: New York City Housing Recovery
Project Location (Address and Borough): VARIOUS LOCATIONS
Contractor's Name: HILL INTERNATIONAL
 Is Project Split-funded? Yes No **Consultant Contr. Reg.# if applicable:** _____ **D.O.B. Filing?** Yes Not Required

B.1 Not to Exceed Amount of this Task Order: \$ \$6,082,262.49 Chargeable to: Capital funds Expense funds
 Is Task Order due to design error or omission? No Yes If Yes, Design Consultant: _____
B.2 Breakdown of Amount in B.1: Staffing Allowance: \$ \$6,007,262.49 Construction Allowance: \$ _____
 Additional Services Allowance: \$ _____ Reimbursable Services: \$ \$75,000.00 Basic Fee: \$ _____
B.3 If Supplemental Task Order: Cumulative value of Original Task Order + or - all Supplementals (use finalized or estimated amounts) including this Supplemental: \$ \$7,726,535.49; **Cumulative value of:**
 Staffing Allowance: \$ \$7,649,535.49 Construction Allowance: \$ _____ Additional Services Allowance: \$ _____
 Reimbursable Services: \$ \$77,000.00 Basic Fee: \$ _____

C. Scope of Work/Justification: (Complete Page 2 of this form.)
D.1 Task Order Data (Not applicable to Supplemental Task Orders):
 The Start Date of this work will be: at Reg. within 2 wks following Reg. within _____ ccds following Reg. TBD by PM
 Duration of this Task Order: _____ ccds; Liq. Damages: No Yes Retainage: No Yes; If Yes 5% 10%
 Length of Guarantee Period from Substantial Completion: N/A One Year Other _____
D.2 If Supplemental Task Order: This Supplemental Task Order will have no effect on increase decrease
 the Overall Duration of the Task Order by: 186 ccds.
E. Approvals: From Funding Request: Partial 1st Partial Amt. \$ _____ 2nd Partial Reg. Amt. \$ _____
 From Funding Request: FMS Code: 001-850-002-A100-686 Occ. Suffix: _____ Amt. this T. O.: _____
 2nd FMS Code: _____ Occurrence Suffix: _____ Amt. this T. O.: _____

Ron Albinson (Print name of Project Manager / Project Director) Signature: _____ Date: 1/28/15
SUNDARI CHOCKALINGAM (Print name of Contract Administrator) Signature: _____ Date: 1/28/15
ERIC BOORSTYN (Final Signatory Approval *) Signature: _____ Date: 1-28-15
 Original + 4 copies: CBA. Required Attachments: Completed Page 2 of this form. Assoc. Cmsnr. Initial: _____ Deputy Cmsnr. Initial: _____

CORS

F. Registration: Reg. Amt. (if different from B.1): \$ _____
 FMS Code: _____ Line #: _____ FY: _____ Amount: \$ _____
 2nd FMS Code: _____ Line #: _____ FY: _____ Amount: \$ _____
 Partial Reg. Partial # _____ For Partial Registrations, Total Registered to date: \$ _____
 To Comptroller Date: _____ Registration Date: _____ To CDS ADM Date: _____

CDS ADM

G. Schedule: Original T.O. Start Date: _____ Original T.O.'s Dur. (in ccds) _____ Overall T.O. Dur. to date (in ccds): _____
 Orig. Completion Date: _____ Current Completion Date: _____ Supplemental T.O. # of Current Date: _____

* Administrative level	Final Signatory Approval
Program Unit	Program Director
Triad	A/C of the Triad
Triad (Crossover)	A/C's of both Triads
Division-Wide (Generic) for Consultant & Cont. Inspection Contracts	A/C of Architecture & Engineering
Division-Wide (Generic) for Construction Contracts	JOC Director and A/C of the Triad
Agency-Wide and Division-Wide CM Build Contracts	D/C

Note: All Task Orders must be initiated by the D/C



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C. Scope of Work/Justification: Describe the work included in this Task Order or attach Detailed Scope of Work. Provide: (1) Breakdown of labor costs including categories of labor, estimated hours, prevailing wages and mark-up percentage; (2) Breakdown of material costs including quantities, unit price per item and mark-up percentage. If Supplemental Task Order, explain why it is necessary at this time. Attach additional pages as required.

The Scope of Work must specify the following items:

1. Description of project;
2. Services to be provided (the required services shall be as set forth in Article 11 except as noted below);
3. Basic staffing information including (a) required titles; (b) proposed direct salary rates; (c) total estimated hours for each title;
4. Project scheduling and phasing;
5. Breakdown of Additional Services and/or Miscellaneous Expenses. **Note:** As indicated in the Contract, an Approved Staffing Plan must be in place prior to start of work. All changes to the Approved Staffing Plan must be approved in writing by the DDC Project Manager/Resident Engineer. No payments will be made without an Approved Staffing Plan. The Staffing Plan must include the following items: (a) Project Executive; (b) required titles; (c) specific personnel for each title; (d) approved direct salary rates per hour; (e) total estimated hours for each title; (f) total estimated amounts for each title.

The New York City Housing Recovery Office (HRO) in partnership with the Department of Design and Construction (DDC) has selected the CM firm- Hill International to provide construction management services for the Build It Back Program.

Please see attached breakdown.

Project Manager