

**TO:** Board of Public Works and Safety  
**FROM:** Jayme Thompson, Project Manger  
**SUBJECT:** Contract Extension with CHA Consulting, Inc.  
**DATE:** December 17, 2024

---

Attached is a request for an extension of the professional services agreement with CHA Consulting, Inc. for continued high quality owners' representation for construction of The Arena at Innovation Mile AKA Project Scoreboard. To date, Jeff Birenbaum and his team at CHA have fulfilled their role well in ensuring the City's interests are considered and incorporated, risks are mitigated, and the project timeline and budget are on track.

This extends the termination date through the end of 2025. It is an additional \$103,000, for a not to exceed total of \$589,000.00



**AMENDMENT NO. 1 TO SERVICES AGREEMENT**

- 1. Background Data:
  - a. Effective Date of Services Agreement: June 13, 2023
  - b. City: City of Noblesville, Indiana, a municipal corporation
  - c. Contractor: CHA Consulting, Inc. a New York corporation
  - d. Project: Project Scoreboard AKA The Arena at Innovation Mile

- 2. Nature of Amendment
  - Modifications to Term
  - Modifications to Compensation

- 3. Description of Modifications Attachment 1, "Modifications"

City and Contractor hereby agree to modify the above-referenced Agreement as set forth in this Amendment. All provisions of the Agreement not modified by this or previous Amendments remain in effect.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]



EXHIBIT A

Date: 10/28/2024

PROJECT No.

Extra Work No. 1

EXTRA WORK AUTHORIZATION

In accordance with the written Contract dated May 2023 between the parties designated below for:

THE PROJECT: Project Scoreboard

THE CLIENT: City of Noblesville, IN

hereby authorizes the scheduler to proceed with additional services as follows:

SCOPE OF SERVICES:

OPM services per original scope

SCHEDULE:

Extension of time - March 2025 thru August 2025 -- Full services per original contract

Extension of time -- September thru December. Post construction completion OPM services

FEE

\$18,500 per Month for March thru August -- Total - \$111,000

\$10,000 per month -- September thru December -- Total \$40,000

Already contracted -- Final two months close out - \$20,000 (credit against the above)

Already contracted -- CD estimate no longer needed - \$28,000 (reallocated to credit against the above)

\$151,000 add, less \$48,000 = \$103,000 additional

Upon return of a fully executed authorization, this Supplement shall become a part of the Agreement identified above.

APPROVED BY: Business Practice Leader- CES	APPROVED BY: CLIENT
NAME: Jeff Birenbaum	NAME:
SIGNATURE: 	SIGNATURE:
TITLE: Vice President	TITLE:
DATE: 10/28/2024	DATE:

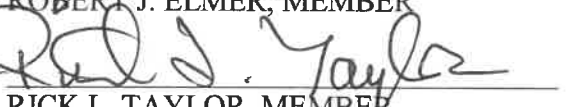
All of which is approved by the Board of Public Works and Safety of the City of Noblesville this  
17<sup>th</sup> day of December 2024.

  
\_\_\_\_\_  
JACK MARTIN, PRESIDENT

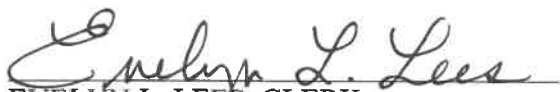
  
\_\_\_\_\_  
JOHN DITSLEAR, MEMBER

  
\_\_\_\_\_  
LAURIE DYER, MEMBER

  
\_\_\_\_\_  
ROBERT J. ELMER, MEMBER

  
\_\_\_\_\_  
RICK L. TAYLOR, MEMBER

ATTEST:

  
\_\_\_\_\_  
EVELYN L. LEES, CLERK  
CITY OF NOBLESVILLE, INDIANA

**PURCHASE ORDER  
CITY OF NOBLESVILLE  
16 SOUTH 10TH STREET STE 270**

**INDIANA RETAIL TAX EXEMPT  
CERTIFICATE NO. 0031216070010**

**FEDERAL EXCISE TAX EXEMPT  
356001141**

**NOBLESVILLE IN 46060  
PHONE: 317-776-6328  
FAX: 317-776-6369**

**PURCHASE ORDER NO. 240377**

**THIS NUMBER MUST APPEAR ON INVOICES, A/P  
VOUCHER, DELIVERY MEMO, PACKING SLIPS,  
SHIPPING LABELS AND ANY CORRESPONDENCE.**

**SHIP TO:**

**TO**

**VENDOR # 963  
CHA CONSULTING INC  
PO BOX 845746  
BOSTON MA 02284-5746**

**ATTN:**

<b>DATE</b> 11/15/2024		<b>DEPARTMENT</b> ECON DEV			<b>SHIP TO ARRIVE BY</b>		
<b>APPROPRIATION NUMBER</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>DESCRIPTION</b>	<b>PROJECT #</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>	
101016310.100	1.0		EVENTCENTER OPM CONTRACT AMENDMENT	016.2303	103000.00	103000.00	

<b>SHIP VIA</b>	<b>TOTAL</b> 103000.00
-----------------	---------------------------

**SHIPPING INSTRUCTIONS**

- \* SHIP PREPAID
- \* C.O.D. SHIPMENTS CANNOT BE ACCEPTED
- \* PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPPING LABELS.
- \* THIS ORDER ISSUED IN COMPLIANCE WITH CHAPTER 99, ACTS 1945 AND ACTS AMENDATORY THEREOF AND SUPPLEMENTAL THERETO.

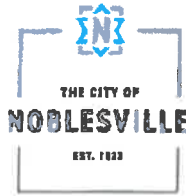
**PAYMENT**

- \* A/P VOUCHER CANNOT BE APPROVED FOR PAYMENT UNLESS THE P.O. NUMBER IS MADE A PART OF THE VOUCHER AND EVERY INVOICE AND VOUCHER HAS THE PROPER SWORN AFFIDAVIT ATTACHED.
- \* I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE IN THIS APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE ORDER.

**ORDERED BY** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **CONTROLLER** \_\_\_\_\_

**OFFICE COPY**



## FINANCE & ACCOUNTING

### Funding Verification/Encumbrance Request Form

Date to be submitted to BoW/Park Board: 12/17/2024 (put N/A if not submitting to BoW/Park Board)

Vendor name: CHA

Vendor Address: \_\_\_\_\_

Brief description of purchase: Event Center OPM Contract Amendment

**Source of Funding:**

- Current Year Operational Budget
- Subsequent Year Operational Budget<sup>1</sup>
- Funding not yet finalized (attach explanation)<sup>2</sup>
- Loan or debt proceeds
- Non-Appropriated Fund<sup>3</sup>

Fund #	101
Department #	016
Project # (NA if no project #)	016.2303
Expense Object #	Amount
#1	310.100 \$ 103,000.00
#2	
#3	

- 1) This option may only be selected AFTER the adoption of the subsequent year budget. OFA will create a PO after the start of the next year. If contract details change in between form submission and the start of the year, contact OFA Staff.
- 2) This option may only be selected in unusual circumstances. An additional FVF will need to be submitted to OFA once funding source has been determined. OFA will not create a PO until this follow-up form has been submitted.
- 3) These funds are not appropriated through the annual budget process. They include but are not limited to grant funds and impact fee funds.

Are you requesting that a Purchase Order (PO) be created for this expenditure?

- Yes Select for all purchases/contracts that will not be paid immediately
- No Select ONLY if department plans to initiate payment immediately

Additional Comments: \_\_\_\_\_

The Department certifies that sufficient appropriation authority exists in the stated fund and expense series to obligate the expense for future payment.

Department Director

(Signature)

Andrew Murray

(Printed Name)

11/7/2024

(Date)

Please email completed form to [OFAbudget@noblesville.in.gov](mailto:OFAbudget@noblesville.in.gov)

#### FOR OFFICE OF FINANCE AND ACCOUNTING USE ONLY

**OFA Action Taken**

- Purchase Order Created
- Reviewed Availability of funds (Contract/Purchase of over \$50k or paid with debt proceeds only)

PO # (if applicable): 240 377

OFA Signature Cain

- No Action Taken (Department should still include this form in purchase/contract approval submission)

Comments: \_\_\_\_\_

Initials: CK

Date: 11/15/24

**E-Verify Affidavit**

Pursuant to Indiana Code 22-5-1.7-11, the Contractor entering into a contract with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees through the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City, the undersigned Contractor will enroll in and agrees to verify the work eligibility status of all its newly hired employees through the E-Verify program.

(Contractor): CHA Consulting, Inc

By (Written Signature): [Handwritten Signature]

Jeff M Birenbaum

(Title): Vice President, Business Practice Leader

*Signature and Seal Required in the Space Below*

STATE OF MA

SS:

COUNTY OF [Blank]



Subscribed and sworn to before me this 7<sup>th</sup> day of June, 2023.

My commission expires: 1/20/24 (Signed) [Handwritten Signature]

Residing in [Blank] County, State of Massachusetts



