

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.	Ba	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: <u>Project Scoreboard AKA The Arena at Innovation Mile</u>
- 2. Nature of Amendment
  - X Modifications to Term
  - X 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.

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#### Attachment No. 1

### **Modifications**

1. City shall extend the term of the contract to terminate as of December 31, 2025, as follows:

#### SECTION III. TERM

- 3.1 The term of this Agreement shall begin upon execution and terminate December 31, 2025. ("Termination Date") unless terminated earlier in accordance with this Agreement.
- 2. City shall pay Contractor the following additional or modified compensation. Section IV. Compensation is modified to read as follows and outline in **Exhibit A**:

#### SECTION IV. COMPENSATION

4.1 Contractor proposes to furnish all labor, materials and supplies in accordance with the conditions of this Agreement necessary to complete the work as defined in Exhibit A. Compensation shall not exceed Twenty-Eight Thousand Dollars and Zero Cents (\$589,000.00).

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates subscribed below.

	("Contractor")	
Ву:	m	Date:11/18/2024
Printed:	Jeff M. Birenbaum	
Title:	Vice President	

#### 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 Wo	rks and Safety of the City of Noblesville this 2024.
Double _	
FACK MARTIN, PRESIDENT	
Color Stel	
JOHN DITSLEAR, MEMBER	
faire sper	
LAURIE DYER, MEMBER	
10500/E/m	
ROBERT J. ELMER, MEMBER	
RICK L. TAYLOR, MEMBER	
KICK L. TATLOR, MEMBER	

ATTEST:

EVELYN L. LEES, CLERK CITY OF NOBLESVILLE, INDIANA

# PURCHASE ORDER CITY OF NOBLESVILLE

16 SOUTH 10TH STREET STE 270

Form 98 (Rev. 1998)

PAGE: 1

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:

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

TO

ATTN:

DATE 11/15/2024		ARTMENT CON DEV	SHIP TO ARRIVE I	SHIP TO ARRIVE BY				
APPROPRIATION NUMBER	QUANTITY	UNIT	DESCRIPTION	PROJECT #	UNIT PRICE	AMOUNT		
101016310.100	1.0		EVENTCENTER OPM CONTRACT AMENDMENT	016.2303	103000.00	103000.00		

SHIP VIA	TOTAL	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.C. 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\_\_\_\_\_\_CONTROLLER



## **FINANCE & ACCOUNTING**

Funding Verlification/Encumbrance Request Form

Date to be submitted to BoW/Park Board: 12/17/202	(put N/A if not					
Vendor name: CHA						
Vendor Address:						
Brief description of purchase: Event Center OPI	M Contract Amend	lment				
Source of Funding:	101					
Current Year Operational Budget	Project # (NA if no project #	016 016,2303				
Subsequent Year Operational Budget <sup>1</sup> Funding not yet finalized (attach explanation) <sup>2</sup> Loan or debt proceeds	#2 310.100	Amount \$ 103,000.00				
Non-Appropriated Fund <sup>8</sup> 1) This option may only be selected AFTER the adoption of the subse	#3					
Are you requesting that a Purchase Order (PO) be created for all purchases/contracts that will gu	• • • • • • • • • • • • • • • • • • • •					
No Select <u>ONLY</u> if department plans to initiate poladitional Comments:  The Department certifies that sufficient appropriation author	nyment immediately	and expense series to abligate the				
No Select <u>ONLY</u> if department plans to initiate po	nyment immediately	•				
No Select <u>ONLY</u> if department plans to initiate peadditional Comments:  The Department certifies that sufficient appropriation authorizense for future payment.	ayment immediately ity exists in the stated fund Andrew Murray (Printed Name)					
No Select ONLY if department plans to initiate per Additional Comments:  The Department certifies that sufficient appropriation authorizenese for future payment.  Department Director  Signature)	ayment immediately ity exists in the stated fund Andrew Murray (Printed Name)	11/7/2024				
No Select ONLY if department plans to initiate per additional Comments:  The Department certifies that sufficient appropriation authorizense for future payment.  Department Director  Signature)  Department Director  Signature  OFA Dudget@noblesville.in.go  OR OFFICE OF FINANCE AND ACCOUNTING USE ONLY  OFA Action Taken  No Properties Order Created	Andrew Murray (Printed Name)	(Date) (Fapplicable): 240 377				
No Select ONLY if department plans to initiate per Additional Comments:  The Department certifies that sufficient appropriation authorizense for future payment.  Department Director  Signature)  Director  COR OFFICE OF FINANCE AND ACCOUNTING USE ONLY  OFA Action Taken    X   Purchase Order Created   X   Reviewed Availability of funds (Contract/Purchase OFA Signature   Comments   Contract/Purchase   Cont	Andrew Murray (Printed Name)  PO # ( of over \$50k or pold with debt	(Date)  (Stapplicable): 240 377  proceeds only)				
No Select ONLY if department plans to initiate per Additional Comments:  The Department certifies that sufficient appropriation authorizense for future payment.  Department Director  Signature)  Please email completed form to OFAbudget@noblesville.in.go  OR OFFICE OF FINANCE AND ACCOUNTING USE ONLY  OFA Action Taken    X   Purchase Order Created   X   Reviewed Availability of funds (Contract/Purchase)	Andrew Murray (Printed Name)  PO # ( of over \$50k or pold with debt	(Date)  (Pate)  (Fapplicable): 240 377  proceeds only)				

#### 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 Sig	mature):	
The State of	Jeff M Birenbaum	
(Title):	Vice President, Business Practice Leader	
- 0, v % /	Signature and Seal Required in the Space Below	Secretary Control of the Control of
STATE OF	SS:	
20 <b>23</b> .	expires: 1/20/1124 (Signed Rolling)	,
Residing	in County, State of Massach	usells

**MDONOVAN** 

6,000,000

10,000,000

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:				
Arnes & Gough 859 Willard Street		PHONE (A/C, No, Ext): (617) 328-6555 [A/C, No):(617)				
Quincy, MA 02169		ADDRESS: boston@amesgough.com				
		INSURER(S) AFFORDING COVERAGE				
		INSURER A : Phoenix Insurance Company A++, XV				
INSURED		INSURER B: Travelers Indemnity Company, A++, XV				
CHA Consulting, Inc.		INSURER C: Travelers Casualty Insurance Company of Americ				
575 Broadway Albany, NY 12207		INSURER D : Berkshire Hathaway Specialty Insurance Company	22276			
Albany, NT 12207		INSURER E :				
		INSURER F:				
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 630-7E170386 X 8/1/2022 8/1/2023 500,000 1.8 15.000 MED EXP (Any one person) : \$ 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 **GENERAL AGGREGATE** \$ POLICY X PRO: X LOC 2,000,000 PRODUCTS - COMP/OP AGG \$

	OTHER:						ė	
Α	A AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	9	1,000,000
	X ANY AUTO	X 810-4\$407410	8/1/2022	8/1/2023	(Ea accident)  BODILY INJURY (Per person)	6		
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)		
	X HIRED AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
В	V	-					\$	
5	X UMBRELLA LIAB X OCCUR		OUD 400000			EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE	X	CUP-4S539836	8/1/2022	8/1/2023	AGGREGATE	\$	10,000,000
	DED X RETENTION\$ 10,000					784	- T	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	,				X PER OTH-	3	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	UB-4S429322 8/1/2022	8/1/2023	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYE	¢	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	-2	1,000,000
D	Professional Liab		47-EPP-308429-04	8/1/2022	8/1/2023	Per Claim	9	6 000 000

DESCRIPTION OF OPERATIONS / LOCATIONS / YEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) If Al box is checked, GL Endorsement Form #CGD604, Auto Al #CAT499 to the extent provided therein applies and all coverages are in accordance with the policy terms and conditions.

47-EPP-308429-04

RE: Professional engineering and related professional services.

City of Noblesville (Indiana) shall be included as additional insured with respects to General, Auto, and Umbrella Liability where required by written contract. A 30 Day Notice of Cancellation is provided in accordance with the policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
City of Noblesville (Indiana) Economic Development 16 S. 10th Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Noblesville, IN 46060	AUTHORIZED REPRESENTATIVE
	gared maxwell

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D

8/1/2022

Per Claim

8/1/2023 'Aggregate