

CSA CONTRACTED FEES SUMMARY SHEET FOR RTN Enter RTN on PID

Date Prepared: Enter Date on D2
Design Professional: Select AE Professional on PID
Authorized Signer
Consultant Project Number: Enter Consultant Project Number on D2
CSA No.: Enter on PID
RTN No.: Enter RTN on PID
Project Name: Enter Project Name on PID
FPD Lead: Enter DM on PID
Phase of Service: II. / III. Const. Document / Const. Phase

Project Description:

Summary to include, but not limited to location of project and scope of construction

Enter Project Description on D2

Scope of Services:

Summary to include but not limited to req'd meeting, reports, deliverables & deadline dates

Enter Scope of Services on D2

Position Classification	Flat Billing Rate	Total Hours	Phase II. Subtotal	Phase III. Subtotal	Subtotal
Select from Dropdown List	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0
	\$1	0.0	\$0	\$0	\$0

Are there any subconsultants under this contract? (Check if Yes)

SUB-A: NA
 SUB-B: NA
 SUB-C: NA

Subconsultant Project Number
Enter Sub-A Project # Here
Enter Sub-B Project # Here
Enter Sub-C Project # Here

1. Professional Fees

- a. Primary Consultant Professional Fees
- b. Subconsultant A (Full-Service) Professional Fees
- c. Subconsultant B (Full-Service) Professional Fees
- d. Subconsultant C (Full-Service) Professional Fees

Phase II Fees	Phase III Fees	Subtotal
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
		\$0

2. Reimbursable Expenses

- a. Miscellaneous Consultant (enter firm name and attach quote).....
- b. State of MI Plan Review (Specify BFS/HFES).....
- c. Estimated mileage.....

	\$0
	\$0
	\$0
	\$0

Total CSA Contract Amount

	\$0
--	------------