

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the first date written above.

*TWO SIGNATURES ARE REQUIRED FOR CALIFORNIA CORPORATIONS:*

- (1) CHAIRPERSON OF THE BOARD, PRESIDENT, OR VICE PRESIDENT; AND*
- (2) SECRETARY, ASSISTANT SECRETARY, CHIEF FINANCIAL OFFICER OR ASSISTANT TREASURER.*

**[CONSULTANT’S NAME]:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**COUNTY OF HUMBOLDT:**

By: \_\_\_\_\_  
County Purchasing Agent

Date: \_\_\_\_\_

**INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:**

By: \_\_\_\_\_  
Risk Management

**LIST OF EXHIBITS:**

Exhibit A – Sample Task Order

**EXHIBIT A**  
**SAMPLE TASK ORDER**

\_\_\_\_\_[Name of Consultant]\_\_\_\_\_  
Consultant Services Agreement Dated [\_\_\_\_\_, 20[\_\_\_]]

This Task Order issued pursuant to the terms and conditions of the Consultant Services Agreement dated \_\_\_\_\_, 20[\_\_\_], by and between the County of Humboldt, a political subdivision of the State of California, hereinafter referred to as “COUNTY,” and \_\_\_\_\_[Name of Consultant]\_\_\_\_\_, a \_\_\_\_\_[Name of State]\_\_\_\_\_ [type of business]\_\_\_\_\_, hereinafter referred to as “CONSULTANT,” is intended to supplement the terms and conditions contained in the Consultant Services Agreement:

WHEREAS, the definitions, terms and conditions set forth in the Consultant Services Agreement dated \_\_\_\_\_, 20[\_\_\_], are incorporated herein by reference as if set forth in full and shall be fully binding upon the parties hereto; and

WHEREAS, notwithstanding anything contained herein, any and all definitions, terms and conditions contained in the Consultant Services Agreement shall control to the exclusion of any different, contrary or conflicting definitions, terms or conditions set forth herein.

NOW THEREFORE, the parties hereto mutually agree as follows:

1. SCOPE OF SERVICES:

- A. Professional Architectural Design Services. [List and describe the architectural design services to be performed pursuant to the terms and conditions of this Task Order, as applicable]
- B. Professional Project Management Services. [List and describe the project management services to be performed pursuant to the terms and conditions of this Task Order, as applicable]
- C. Plan Review Services. The preferred Successful Consultants shall provide third party independent peer review by a Certified Access Specialist Design Review as requested by county for any assigned projects that have aspects related to California disabled accessibility requirements.
- D. Deliverables. [List and describe the deliverables to be submitted by CONSULTANT pursuant to the terms and conditions of this Task Order, as applicable]
- E. Acceptance Criteria. [List and describe the standards to be achieved for each deliverable submitted by CONSULTANT pursuant to the terms and conditions of this Task Order, as applicable]

2. REPORTING REQUIREMENTS:

[List and describe the specific reporting requirements that CONSULTANT must comply with pursuant to the terms and conditions of this Task Order, as applicable]

3. PROJECT SCHEDULE:

[List and describe project milestones/timeline for performance of the professional architectural design and project management services required pursuant to the terms and conditions of this Task Order]

4. PROJECT BUDGET:

- A. Maximum Amount Payable. [Describe the maximum amount payable for the professional architectural design and project management services rendered, and costs and expenses incurred, pursuant to the terms and definitions of this Task Order]
- B. Schedule of Rates. [List and describe the specific wage rates and costs for the professional architectural design and project management services that will be performed pursuant to the terms and conditions of this Task Order]
- C. Payment Schedule. [Describe the frequency by which invoices will be submitted to COUNTY (i.e. annual/semi-annual/quarterly/monthly)]

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**[CONSULTANT’S NAME]:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**COUNTY OF HUMBOLDT:**

By: \_\_\_\_\_

Date: \_\_\_\_\_

County Purchasing Agent

**INSURANCE AND INDEMNIFICATION REQUIREMENTS APPROVED:**

By: \_\_\_\_\_

Risk Management