

Contractor's Printed Name: **Terra Firma Testing**
 Contractor's Federal Tax Identification Number:
 Job/Service Provided: **Special Inspection and Quality Assurance**

PROPOSAL TO CONTRACT FOR SERVICES
KENAI PENINSULA BOROUGH
 THIS PROPOSAL BECOMES A CONTRACT WHEN ACCEPTED AND SIGNED BY THE MAYOR OR HIS DESIGNATED OFFICIAL

PURCHASING DEPARTMENT
 144 North Binkley Street
 Soldotna, AK 99669
 907-262-4441

CONTRACTOR WILL PROVIDE THE KENAI PENINSULA BOROUGH THE FOLLOWING SERVICE(S)
Quality Assurance and Special Inspection for the South Peninsula Hospital East Addition project (See Unit Cost Schedule and Cost Proposal Form)

ACCOUNT DISTRIBUTION: 40.181211.04SHB.43011
 DEPARTMENT/SERVICE AREA: PW/Capital Projects

Routed From: Mayor's Office to: *LOK*
 Clerk: *LOK*
 Assembly:
 Legal:
 Finance:
 Assessing:
 Planning:
 Roads:
 SBB:
 Purchasing:
 Other:
 Date: *8-17-06* *Cap Projects*

Contractor's compensation will be: **Twenty Nine Thousand Seven Hundred and Fifty Five and no/100**
 Not to exceed **\$29,755.00**

Insurance, if required: **Auto \$ 1,000,000.00** CGL \$ **1,000,000.00** E & O \$ **0.00**

Time schedule for performance will be : **Duration of Phase 1 of South Peninsula Hospital East Addition project**

The following attachments are incorporated herein by reference: **Testing and Inspection Proposed Unit Cost Schedule dated June 29, 2006**

BY SIGNING BELOW, THE CONTRACTOR HEREBY AFFIRMS THAT HE OR SHE HAS READ AND ACCEPTS ALL TERMS AND CONDITIONS OF THIS CONTRACT INCLUDING THE PROVISIONS CONTAINED ON THE REVERSE OF THIS FORM

CONTRACTOR SIGNATURE: *[Signature]* DATE: **28 July 2006**
 RECOMMENDED BY: *[Signature]* APPROVED AS TO FORM: *[Signature]* DATE: **8/16**
 DEPARTMENT/DIRECTOR OR DESIGNEE: *[Signature]* PURCHASING & CONTRACTING: *[Signature]* DATE: **8-16-06**
 ACCEPTANCE BY KENAI PENINSULA BOROUGH: PURCHASE ORDER NO. **PO27413** MAYOR OR DESIGNATED OFFICIAL: *[Signature]* DATE: **8-16-06**