PO# 182578 R# 623049

ARCHITECTURE
ENGINEERING
INTERIORS
PLANNING

ok. 5.2.22

PGAL

James Knight
Director, Facilities Management and Planning
Fort Bend County
Facilities Management and Planning
301 Jackson Street
Richmond, TX 77469

April 26, 2022
Project No: R1003674.02
Invoice No: 10055736

Project R1003674.02 Fort Bend County - Emergency Operations Center Final Design
PO#182578

Professional Services from March 1, 2022 to March 31, 2022

Line

Phase 01 Basic Services

Fee

Billing Phase	**Fee**	**Percent Complete**	**Earned**	**Previous Fee Billing**	**Current Fee Billing**
Schematic Design	60,000.00	100.00	60,000.00	60,000.00	0.00
Design Development	150,000.00	100.00	150,000.00	150,000.00	0.00
Construction Documents	240,000.00	100.00	240,000.00	240,000.00	0.00
Bidding	60,000.00	100.00	60,000.00	60,000.00	0.00
Construction Administration	90,000.00	93.00	83,700.00	81,000.00	2,700.00
Total Fee	600,000.00		593,700.00	591,000.00	2,700.00

Total Fee **2,700.00**

Total this Phase **$2,700.00** 1

Phase 02 Specialty Consulting Services

Fee

Billing Phase	**Fee**	**Percent Complete**	**Earned**	**Previous Fee Billing**	**Current Fee Billing**
Landscape	10,500.00	96.00	10,080.00	9,975.00	105.00
IECC Commissioning	5,000.00	50.00	2,500.00	0.00	2,500.00
Windstorm Inspections	10,000.00	96.00	9,600.00	9,500.00	100.00
Telecommunications	28,900.00	96.00	27,744.00	27,455.00	289.00
Security	20,685.00	96.00	19,857.60	19,650.75	206.85
Audio Visual	62,000.00	96.00	59,520.00	58,900.00	620.00
PGAL Management Fee	48,915.00	96.00	46,958.40	46,469.25	489.15
Total Fee	186,000.00		176,260.00	171,950.00	4,310.00

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Line

	Total Fee			4,310.00	
		Total this Phase		$4,310.00	1

Phase RE Reimbursable Expenses

Reimbursable Expenses

ARC			6.84		
Hobbs, James			235.79		
Total Reimbursables		**1.0 times**	**242.63**	**242.63**	2

Billing Limits	**Current**	**Prior**	**To-Date**
Expenses	242.63	7,186.36	7,428.99
Limit			10,000.00
Remaining			2,571.01

Total this Phase	**$242.63**
Total this Invoice	**$7,252.63**

LG

Approval ____________________