ORIGINATING DEPARTMENT INFO

Contract Name: 2025 – 2030 Utility Rate Study		Contract No: CS23-094	
Department: Parks & Public Works			
Staff Person: Dylan Gamble			
Date of Request: 1/8/2023 Date Due:1/8/2023			
<ul> <li>DOCUMENT TYPE</li> </ul>			
Professional Services Agreement If other:			
<ul> <li>CONTRACTOR / VENDOR / CONSULTANT INFO</li> </ul>	<ul><li>PROJEC</li></ul>	CT TITLE 2024 Fiscal Health Review	
Name: FCS Group	Project Phase	e: Analysis	
Address: 7525 166th Avenue NE, Suite D-215, Redmond, WA 98052			
Phone: 425-867-1802			
Type of Person or Entity Partnership: State where entity formed	d: WA	Debarred or Suspended: 🗌 Yes 🔀 No	
Signature name: , Title Sergey Tarasov Contractor Email: (A valid Email is required for <a href="L&amp;I Tracking">L&amp;I Tracking</a> ) Sergey Tarasov <a href="SergeyT@fcsgroup.com">SergeyT@fcsgroup.com</a> >			
Tax ID#: 91-1417946 <u>Snoqualmie Business Lic. #</u> : NA If none, date when application submitted:			
Non Profit: 🗌 Yes 🔀 No Completed W9 🔀 Yes 🗌 No			
■ SCOPE OF WORK - EXHIBIT A			
Attach a complete and detailed description of the services or scope of work, including completion date for each phase of work and location of work as EXHIBIT A to the contract. Additional exhibits may apply and should be included as needed.			
<ul><li>TERM/COMPENSATION</li></ul>			
Commencement Date ASAP Completion Date: 12/3	31/2024	Contract Extension: 🗌 Yes 🔀 No	
Total Compensation: \$16,070.00 Not to Exceed: \$16,070.00 (Include expenses and sales tax, if any. If calculated on hourly labor charge, attach schedules of employees' titles and hourly rates)			
Reimbursable Expenses: 🔲 Yes 🔀 No If yes, maximum dollar amount: \$			
Certificate of Insurance Required: Yes No (If yes, certificate must be attached before agreement is signed)			
<ul> <li>PURCHASING &amp; CONTRACTING REQUIREMENTS (see Snoqualmie Municipal Code (SMC) §2.90 Contracts)</li> </ul>			
Procurement Category: General or Purchases Services (Other than A&E)			
Selection Process/Procedure Used: Request for Proposals (RFP)			
Approval Authority (Two approvers required): Staff Manager Director Mayor or City Admin. City Council			
CONTRACT ROUTING & APPROVALS (INITIALED & DATED BY APPROVER)			
Date Approved by City Council, if required: NA	<ul><li>ACCOUNT</li></ul>	TING INFORMATION / OTHER NOTES	
1. Director Name: Jeff Hamlin	Applicable Account Codes & Descriptions:		
2. Finance – Janna Walker	401-18-019-534-	, ,	
3. City Attorney: David Linehan	403-22-019-531- 402-20-019-535-	·	
<ul> <li>SIGNATURES COLLECTED</li> </ul>	+07-50-012-323-	Sewer offility rate Study	

Updated: 12/28/2023

<ul><li>Manager (if required):</li><li>Director (if required):</li><li>Mayor or City Administrator (if required):</li></ul>	☐ Signed original goes to Department/Project Lead ☐ When sending out for signature, cc Deana Dean, City Clerk
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Updated: 12/28/2023