



CITY OF SNOQUALMIE

CONTRACT ROUTING SHEET

ORIGINATING DEPARTMENT INFO

Contract Name: Amendment 2 - Kimball Creek Bridges Restoration Project
Department: Parks & Public Works
Staff Person: Hind Ahmed
Date of Request: 05/14/24 Date Due: 05/28/24

Contract No: 24-XXX

DOCUMENT TYPE

Professional Services Agreement If other: A/E

CONTRACTOR / VENDOR / CONSULTANT INFO

Name: Otak, Inc
Address: 11241 Willows Rd NE; Suite 200; Redmond, WA 98052
Phone: 425-822-4446

PROJECT TITLE (if relevant)

Project Phase: Analysis

Type of Person or Entity Corporation: State where entity formed: WA Debarred or Suspended: ☐ Yes ☒ No
Signature name: Doug Sarkkinen, Title Contractor Email: bob.doherty@otak.com
Tax ID#: 93-0788869 [Snoqualmie Business Lic. #](#): 108506 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.

TERM/COMPENSATION

Commencement Date 06/15/24 Completion Date: 04/30/2025 Contract Extension: ☒ Yes ☐ No
Total Compensation: \$158,605.07 Not to Exceed: \$158,605.07
(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)

PURCHASING & CONTRACTING REQUIREMENTS ([see Snoqualmie Municipal Code \(SMC\) §2.90 Contracts](#))

Procurement Category: Architectural, Engineering (A&E)
Selection Process/Procedure Used: Architect & Engineer List
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:

- ☒ Director Name:
- ☒ Finance (Drew Bouta)
- ☒ City Attorney:

SIGNATURES COLLECTED

- ☐ Manager (if required):
☒ Director (if required):
☒ Mayor or City Administrator (if required):

ACCOUNTING INFORMATION / OTHER NOTES

Applicable Account Codes & Descriptions:

- ☒ Signed Copy Back to Originating Department
☐ Forward Original to Deb Estrada, City Clerk
☒ Forward Original to Reina McCauley, Deputy City Clerk



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