**Proposal and Agreement for Changes to the Professional Services Agreement,**

**Engineering/Architectural Contract, or Task/Work Order**

**Supplemental Agreement**

MassDOT Aeronautics Division Form AD7-SA (Last Modified: September 20, 2024)

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| --- | --- | --- | --- | --- | --- |
| **SUPPLEMENTAL AGREEMENT DETAILS** | | | | | |
| **Supp. Agg. No.** |  | **Check All That Apply (must check one)** | | | |
| **Airport** |  | Differing Site Conditions | | Contract Scope Change | |
| **Project No.** |  | Request for Deviation | | Design/Error Omission | |
| **Project Title** |  | | | | |
| **Change Title/Overview** |  | | | | |
| **Change Amount** |  | **Schedule Impact** | Yes | | No |

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| --- | --- | --- |
| **1. PROPOSAL** | | |
| In accordance with the terms and conditions of the professional services agreement, engineering/architectural contract, or task/work order to the above referenced project and the further conditions attached herewith and made a part hereof, the undersigned proposes and agrees to the contract changes noted above as well as in the attached detailed scope of work, justification, detailed fee proposal, and if required, independent fee estimate (IFE). The Engineer/Architect hereby certifies that the information contained herein, including attachments hereto, adequately describes this proposed change, that costs associated with this supplement agreement are fair and reasonable, and the work will be performed according to the best and highest engineering/architectural standards (see attached). | | |
|  |  | |
| Engineer/Architect – Company Name | Address | |
|  |  |  |
| Authorized Signature | Name & Title | Date |

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| **2. ACCEPTANCE OF PROPOSAL BY AIRPORT SPONSOR/OWNER** | | |
| The Sponsor hereby certifies that appropriated funds are available to cover any increase in cost resulting from this supplemental agreement and have reviewed the proposal (detailed scope of work, justification, fee proposal, and if required independent fee estimate). The proposal is hereby accepted. | | |
|  |  |  |
| Authorized Signature – Chairperson | Name & Title | Date |

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| **3. APPROVAL OF MASSDOT AERONAUTICS DIVISION** | | |
| Approval is granted pursuant to M.G.L. ch. 90, § 51K. Funding is subject to project eligibility limitations and will be reimbursed by MassDOT based on the availability of state funds determined at the end of the project. | | |
|  |  |  |
| Authorized Signature | Name & Title | Date |

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| **4. SUMMARY OF SUPPLEMENTAL AGREEMENT CHANGES** | | | | |
|  | FAA Eligible[[1]](#footnote-2) | State Eligible | Ineligible | Total |
| Contract Agreement |  |  |  |  |
| Previous Supp. Agreements |  |  |  |  |
| Supp. Agreement Additions |  |  |  |  |
| Supp. Agreement Deletions |  |  |  |  |
|  |  |  |  |  |
| Total Project Cost |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. THIS SUPPLEMENTAL AGREEMENT PROJECT FUNDING BREAKDOWN** | | | | |
|  | FAA Eligible2 | State Eligible | Ineligible | Total |
| Federal Share |  |  |  |  |
| State Share |  |  |  |  |
| Local Share |  |  |  |  |
|  |  |  |  |  |
| This Supp. Agreement Total |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **6. REVISED TOTAL PROJECT FUNDING BREAKDOWN** | | | | |
|  | FAA Eligible3 | State Eligible | Ineligible | Total |
| Federal Share |  |  |  |  |
| State Share |  |  |  |  |
| Local Share |  |  |  |  |
|  |  |  |  |  |
| Total Project Cost |  |  |  |  |

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| **7. SCHEDULE CHANGES (only fill in if these changes will impact the Construction Prime Contractor’s overall schedule)** | | | |
| Original Completion Date |  | Original Number of Calendar Days |  |
| Revised Completion Date Based Upon All Changes |  | Number of Calendar Days Added Based Upon All Changes |  |
| Estimated Completion Date Based Upon All Changes to Date |  | Revised Number of Calendar Days Based Upon All Changes to Date |  |

|  |  |  |  |
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| **8. SUPPLEMENTAL AGREEMENT ATTACHMENT CHECKLIST** | | | |
|  | Yes | No | N/A |
| Supplemental agreement write-up that includes the following items: (1) scope of work, (2) clear justification, (3) fee amount, (4) impacts to schedule, and (5) list of supporting documents attached as backup. |  |  |  |
| Independent fee estimate (IFE) of cost performed to justify cost is fair and reasonable for the supplemental agreement (if required). |  |  |  |
| Summary spreadsheet detailing all supplemental agreements to date including additions, subtractions, and total change amount. |  |  |  |
| Detailed scope of work and detailed fee proposal that is clearly defined for each change order item and separated by the defined Articles A-G (including expenses) in the original contract or work order. |  |  |  |

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| **9. COMMENTS (For any answers that are No or N/A in previous section)** |
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1. ,2,3 Subject to the availability of funding at the end of the project. [↑](#footnote-ref-2)