

Authorization to proceed with immediate needs Services

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreement Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City Project Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Be it known that on this date the Consultant was given verbal authorization to proceed, per Section 29.4 of Agreement, with the following Immediate Needs Services, which are not included in the Scope of Services of the same Agreement:

1. {List services}
2. {List services}
3. {List services}

The proposed schedule for these Immediate Needs Services is as follows:

1. {List schedule}
2. {List schedule}
3. {List schedule}

Verbal authorization to proceed with Immediate Needs Services was given by the Project Manager for the purpose of avoiding a situation where inaction could result in unacceptable consequences which may substantially affect the life, health, or safety of the citizens and employees, or cause damage to City property.

This document serves as written authorization for the Consultant to continue to proceed with the Immediate Needs Services listed above, per Section 29.4.1 of the above aforementioned agreement.

Consultant shall document all Immediate Needs Services provided to the City for this Project.

Consultant and City shall work together to document the scope and schedule of the Immediate Needs Services and produce an amendment to this Agreement that is approved by the City Manager.

This document does not serve as authorization for payment for Immediate Needs Services.

**Written Authorization to Proceed** with Immediate Needs Services is given by signature below of the City Project Manager. The City Project Manager hereby warrants and represents that his respective signature has been duly authorized by all necessary and appropriate corporate action to execute this authorization.

City Project Manager: Accepted by {Consultant}:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{Project Manager Name} Date {Consultant Name} Date