

**CONSULTANT SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT
FOR STATE OF MINNESOTA PROFESSIONAL AND TECHNICAL SERVICES
MASTER CONTRACT**

PROJECT NAME: Construction Testing and Inspection Services CONSULTANT: Industrial Hygiene Services Corporation
LOCATION: Various in MN ADDRESS: 4205 White Bear Pkwy, #500
Vadnais Heights, MN 55110

To Be Completed by State

Business Unit	Accounting Date	Fund	DeptID	AppropID	Category 81101508 93151600	Account 411308 411324	Amount \$0.00
Vendor Number 0000225080			Contract Number 85258/T#15ATI	PC BU	Project Number	Activity	
Date	Order Number			Line Number	Entered By	Control Number 48123	
[Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05]							
Contract Begin Date: 11/17/2014		Current Est'd Expiration Date: 10/31/2016		Revised Est'd Expiration Date:		No revision	

SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT NO. # 1

This SUPPLEMENTAL AGREEMENT/CONTRACT AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, "STATE," and, **Industrial Hygiene Services Corporation, 4205 White Bear Pkwy, #500, Vadnais Heights, MN 55110, "CONSULTANT."**

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. **85258** for Construction Testing and Inspection Services; which was effective on November 17, 2014.

WHEREAS,

1. The original contract called for construction testing and inspection services.
2. Minn. Stat. §363A.44 Equal Pay requirements shall apply to this Agreement.

NOW THEREFORE, it is mutually agreed to amend Contract No. **85258** as follows:

1. Exhibit E1, State of Minnesota Equal Pay Certificate, is attached and incorporated into this Agreement.

Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.

IN WITNESS WHEREOF, STATE has caused this Supplemental Agreement/Contract Amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This Supplemental Agreement/Contract Amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

SWIFT Order Number :
Certification Signature: <i>N/A</i>
Date:

2. CONSULTANT: Industrial Hygiene Services Corporation
CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

By:  (Corporate Signature)
Printed Name: Timothy P. Huber
Title: President/Owner
Date: 03/05/15

By: _____ (Corporate Signature)
Printed Name:
Title:
Date:

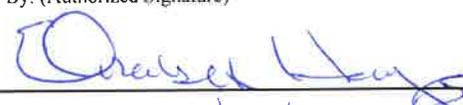
Distribution:

- Agency – Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative

3. STATE AGENCY: Department of Administration
Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

By:  (Authorized Signature)
Printed Name: Gordon Christofferson
Title: Project Operations Manager
Date: 3/10/15

4. COMMISSIONER OF ADMINISTRATION, as delegated to Materials Management Division:

By: (Authorized Signature) 
Date: 3/13/15

40492

Exhibit E1

State of Minnesota – Equal Pay Certificate

If your response could be in excess of \$500,000, please complete and submit this form with your submission. **It is your sole responsibility to provide the information requested and when necessary to obtain an Equal Pay Certificate (Equal Pay Certificate) from the Minnesota Department of Human Rights (MDHR) prior to contract execution. You must supply this document with your submission.** Please contact MDHR with questions at: 651-539-1095 (metro), 1-800-657-3704 (toll free), 711 or 1-800-627-3529 (MN Relay) or at compliance.MDHR@state.mn.us.

Option A – If you have employed more than 40 full-time employees on any single working day in one state during the previous 12 months, please check the applicable box below:

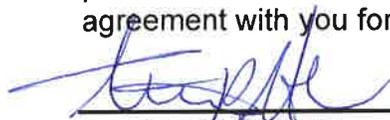
- Attached is our current MDHR Equal Pay Certificate.
- Attached is MDHR's confirmation of our Equal Pay Certificate application.

Option B – If you have not employed more than 40 full-time employees on any single working day in one state during the previous 12 months, please check the box below.

- We are exempt. We agree that if we are selected we will submit to MDHR within five (5) business days of final contract execution, the names of our employees during the previous 12 months, date of separation if applicable, and the state in which the persons were employed. Documentation should be sent to compliance.MDHR@state.mn.us.

The State of Minnesota reserves the right to request additional information from you. **If you are unable to check any of the preceding boxes, please contact MDHR to avoid a determination that a contract with your organization cannot be executed.**

Your signature certifies that you are authorized to make the representations, the information provided is accurate, the State of Minnesota can rely upon the information provided, and the State of Minnesota may take action to suspend or revoke any agreement with you for any false information provided.



Authorized Signature	Timothy P. Huber	President/Owner
	Printed Name	Title

Industrial Hygiene Service Corporation	41-1890732	03/05/15
Organization	MN/FED Tax ID#	Date

Issuing Entity

Project # or Lease Address