

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

PROJECT NAME: Construction Testing and Inspection      CONSULTANT: Construction Engineering Lab  
Services  
LOCATION: Various in MN      ADDRESS: 5661 International Pkwy  
New Hope, MN 55428

To Be Completed by State

|   |                 |   |                                  |                                |                                  |                             |                  |
|---|-----------------|---|----------------------------------|--------------------------------|----------------------------------|-----------------------------|------------------|
| Business Unit   | Accounting Date | Fund                                      | DeptID                           | AppropID                       | Category<br>81101508<br>93151600 | Account<br>411308<br>411324 | Amount<br>\$0.00 |
| Vendor Number<br>0000211914   |                 |   | Contract Number<br>85262/T#15ATI | PC BU                          | Project Number                   | Activity                    |                  |
| Date  | Order Number    |   |                                  | Line Number                    | Entered By                       | Control Number<br>48119     |                  |
| [Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05] |                 |   |                                  |                                |                                  |                             |                  |
| Contract Begin Date: 11/25/2014   |                 | 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, **Construction Engineering Lab, 5661 International Pkwy, New Hope, MN 55428, "CONSULTANT."**

WHEREAS, STATE and CONSULTANT have entered into a contract, known as Department of Administration Contract No. **85262** for Construction Testing and Inspection Services; which was effective on November 25, 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. **85262** 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.**

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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: N/A |
| Date:                        |

**2. CONSULTANT: Construction Engineering Lab**

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: <br>(Corporate Signature) |
| Printed Name: P. PALANISAMI  |
| Title: PRESIDENT   |
| Date: 3-9-15   |

|                                    |
|------------------------------------|
| By: _____<br>(Corporate Signature) |
| Printed Name:                      |
| Title:                             |
| Date:                              |

**Distribution:**

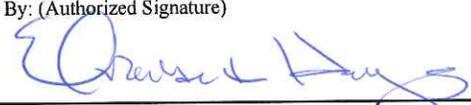
- Agency – Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative

**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: <br>(Authorized Signature) |
| Printed Name: Gordon Christofferson  |
| Title: Project Operations Manager  |
| Date: 3/16/15  |

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

|  |
|--|
| By: (Authorized Signature)  |
| Date: 3/18/15  |

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# 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](mailto: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:

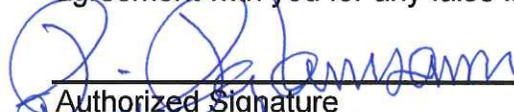
- Attached is our current MDHR Equal Pay Certificate.
- Attached is MDHR's confirmation of our Equal Pay Certificate application.

**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](mailto: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.

|   |                            |           |
|---|----------------------------|-----------|
|  | P. PALANISAMI              | PRESIDENT |
| Authorized Signature  | Printed Name               | Title     |
| CONSTRUCTION ENGINEERS LAB, INC.  | 2326049/41-1616221         | 3-9-15    |
| Organization  | MN/FED Tax ID#             | Date      |
| N/A   | 85262/T#15ATI              |           |
| Issuing Entity  | Project # or Lease Address |           |