


CENTRAL FLORIDA EXPRESSWAY AUTHORITY

MEMORANDUM

TO: CFX Board Members

FROM: Aneth O. Williams 
Director of Procurement

DATE: June 20, 2017

SUBJECT: Approval of Joel P. Leisch, P.E. as Subconsultant for the
General Engineering Consultant Services Contract with Dewberry Engineers, Inc.
Contract No. 001145

Dewberry Engineers, Inc., CFX's General Engineering Consultant Services Consultant has requested approval to use Joel P. Leisch, P.E., to provide CFX with functional interchange planning and design review services. The cost is expected to exceed the \$25,000.00 threshold established by the Procurement Policy for subcontractors not disclosed by Dewberry engineers, Inc. when its contract with CFX was originally awarded.

Board approval of Joel P. Leisch, P.E. as a subcontractor to Dewberry Engineers, Inc. is requested.

Reviewed by: 
Will Hawthorne, P.E.
Manager of Engineering



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REQUEST FOR AUTHORIZATION TO SUBLET SERVICES

Consultant: Dewberry Engineers, Inc. Date: June 14, 2017

CFX Contract Name: General Engineering Consultant Services CFX Contract No.: 001145

Authorization is requested to sublet the services identified below which are included in the above referenced Contract. Consultant requests approval to sublet services to:

Subconsultant Name: Joel P. Leisch, P.E.

Address: 6043 Gallant Fox Ct., Gainesville, VA 20155

Phone No.: (970) 331-3391

Federal Employee ID No.: SSN 319-36-0225

Description of Services to Be Sublet: Functional interchange planning and design review services

Estimated Beginning Date of Sublet Services: 7/17/17

Estimated Completion Date of Sublet Services: 12/8/21

Estimated Value of Sublet Services*: \$ 100,000

*(Not to exceed \$25,000 without prior Board Approval)

Consultant hereby certifies that the proposed subconsultant has been advised of, and agrees to, the terms and conditions in the Consultant's Contract with the Authority that are applicable to the subconsultant and the services to be sublet:

Requested By: R. Keith Jackson

(Signature of Consultant Representative)

Program Manager
Title

Recommended by: [Signature]

(Signature of Appropriate CFX Director/Manager)

Date: 6/19/2017

Approved by: [Signature]

(Signature of Appropriate Chief)

Date: 6/20/17

Attach Subconsultant's Certificate of Insurance to this Request.