



CITY OF NORTH PORT



CHANGE ORDER/CONTRACT AMENDMENT FORM

Change Order/Amendment No.: 2

Date Submitted: 4/14/2017

City's Contract No.: 2017-08

Project Manager: Ben Newman

Project Name: South Biscayne Median Curbing Project

Originating Department: Public Works

Contractor: C-Squared Certified Contractor, Inc.

Change required due to:

- Changed/Unforeseen Conditions
Errors and Omissions
Time Extension/Deletion
Change in Price
Correction to previous Change Order
Change in Scope

Explanation of Change (What is changing? Include effect on completion time):

Change Order #1 was approved containing an error in the verbiage. Mobilization was in advertently used in lieu of Maintenance of Traffic. This request is to strikethrough Mobilization and replace it with Maintenance of Traffic.

All sums shall have the same force and effect as Change Order #1.

Reason for Change Order (Why is it changing?):

Correct verbiage in change order #1 from Mobilization to Maintenance Of Traffic.

Attachments (list documents supporting change):

Change Order #1 for reference purposes only

CHANGE IN CONTRACT PRICE				CHANGE IN CONTRACT TIME	
Original Contract Amount:	\$412,912.00			Original Contract Time (days):	120
Previous Amendment/ Change Orders:	#		to #	Approved Additions/Deductions of time:	0
	#	1	to #		
Approved Amount: Amendments/Change Orders	Amend			Current Contract Time: (y-t-d before this request)	120
	CO	24,500			
Current Contract Price:	\$437,412.60			This request: Add/(Deduct) contract time	0
This Change Add/(Deduct):	-0-			If approved: Total Contract Time (y-t-d with this request):	0
Total Contract Amount w/this change (pending approval):	\$437,412.60			Contract Start Date:	04/10/17
				Original Completion Date:	08/08/17
				Revised Completion Date:	

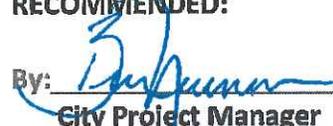
CONTINGENCY FUNDS	
Use of Contingency Funds?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Original Contingency Amount:	\$15,000
Approved Use of Contingency Amount:	0
Increase/(Decrease):	0
Contingency Balance:	\$15,000

**RECOMMENDED:**

By:  \_\_\_\_\_  
Contractor

Date: 4-18-2017

**RECOMMENDED:**

By:  \_\_\_\_\_  
City Project Manager

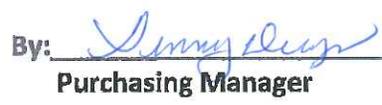
Date: 4/14/17

**APPROVED:**

By:  \_\_\_\_\_  
Department Director

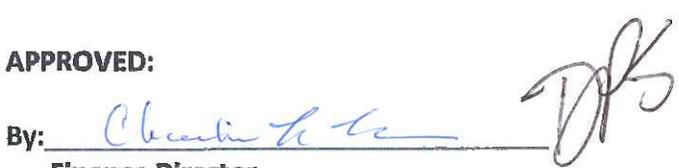
Date: 4/18/17

**APPROVED:**

By:  \_\_\_\_\_  
Purchasing Manager

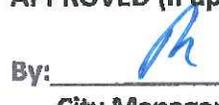
Date: 4/19/17

**APPROVED:**

By:  \_\_\_\_\_  
Finance Director

Date: 04/20/17

**APPROVED (if applicable):**

By:  \_\_\_\_\_  
City Manager

Date: 4-21-17

CITY OF NORTH PORT  
17 APR 19 11:51  
PURCHASING DIVISION



CITY OF NORTH PORT



CHANGE ORDER/CONTRACT AMENDMENT FORM

Change Order/Amendment No.: 1

Date Submitted: 1/27/17

City's Contract No.: 2017-08

Project Manager: Ben Newman

Project Name: South Biscayne Median Curbing Project

Originating Department: Public Works Engineering

Contractor: C-Squared Certified General Contractor, Inc.

Change required due to:

- Changed/Unforeseen Conditions
- Errors and Omissions
- Change in Scope
- Time Extension/Deletion
- Change in Price

Explanation of Change (What is changing? Include effect on completion time):

Commission direction at January 24, 2017 meeting to add mobilization back in at a cost of \$24,500.

Reason for Change Order (Why is it changing?):

Commission directed.

Attachments (list documents supporting change):

CHANGE IN CONTRACT PRICE				CHANGE IN CONTRACT TIME	
Original Contract Amount:	\$412,912.60			Original Contract Time (days):	120
Previous Amendment/Change Orders:	# 0	to # 0	# 0	Approved Additions/Deductions of time:	0
Approved Amount:	Amend			Current Contract Time:	120
Amendments/Change Orders	CO			(y-t-d before this request)	
Current Contract Price:	\$412,912.60			This request:	0
This Change Add/(Deduct):	\$24,500.00			Add/(Deduct) contract time	0
Total Contract Amount w/this change (pending approval):	\$437,412.60			If approved: Total Contract Time (y-t-d with this request):	0
				Contract Start Date:	
				Original Completion Date:	
				Revised Completion Date:	

CONTINGENCY FUNDS		
Use of Contingency Funds?	Yes	No <input checked="" type="checkbox"/>
Original Contingency Amount:	15,000	
Approved Use of Contingency Amount:	0	
Increase/(Decrease):	0	
Contingency Balance:	15,000	

RECOMMENDED:

By: [Signature]  
Contractor

Date: 1-30-2017

APPROVED:

By: [Signature]  
Department Director

Date: 1/31/17

APPROVED:

By: [Signature]  
Finance Director

Date: 1-31-17

RECOMMENDED:

By: [Signature]  
City Project Manager

Date: 01/31/17

APPROVED:

By: [Signature]  
Purchasing Manager

Date: 1/30/17

APPROVED (if applicable):

By: [Signature]  
City Manager

Date: 1/31/17