CONSTRUCTION CHANGE ORDER

|  |  |  |
| --- | --- | --- |
|       |       |       |
| Town | Institution | Project |

To:       OSE#:

 Contractor

       Contract:

       Date:

You are hereby authorized and directed to make the changes to your contract with the State of South Dakota covering the above project, as described below:

CCO Scope Description or Attachment References

Examples:

**Liquidated Damages *(******not incurred on days where escorts are not provided)* Total: -$9,000.00**

Phase 1: Actual Substantial Completion: December 22, 2020
18 days (24 Nov 2020 to 21 Dec 2020) Deduct 9,000.00

**Changes via Proposal Request Total: $72,952.44**

* RFP#1: Electrical Add $72,952.44
	+ **Unforeseen Conditions**: Add $55,975.55
	+ **Owner Directed:** Add $16,976.89

**Bid unit prices quantity adjustments Total: -$3,887.34**

* #6 Remove Concrete Pavement: Add 348 SY Add $3,132.00
* #21 6” Non-Reinforced PCC Pavement: Add 1313.1 SY Add $70,644.78
 Deduct 59.4 SY Deduct $3,195.72

Additional Contract Days and Revised Substantial Completion Date: # of Days or "0" - SC Date

Additional Contract Days and Revised Final Completion Date: # of Days or "0" - Final Comp. Date

For the labor, material and any other necessary costs to make the change or for omitting labor and material and any other costs, you will be allowed the additions or deductions to the amount of your contract as follows:

ORIGINAL CONTRACT AMOUNT $

CONTRACT AMOUNT TO DATE $

ADDITION TO CONTRACT $

DEDUCTION FROM CONTRACT $

NET CHANGE TO CONTRACT $

REVISED CONTRACT AMOUNT $

It is hereby understood that the provisions of the contract will not be otherwise changed or affected by this order.

RECOMMENDED BY

ARCHITECT/ENGINEER

NAME (ALL CAPS) [OSE PM if in-house] (Date) STACY WATTERS, P.E. (Date)

Title State Engineer

COMPANY (ALL CAPS) OFFICE OF THE STATE ENGINEER

ACCEPTED BY

CONTRACTOR

NAME (ALL CAPS) (Date)

Title

COMPANY (ALL CAPS)

OWNER: STATE OF SOUTH DAKOTA (DELETE ANY UN-NEEDED SIGNATURE BLOCKS)

NAME (ALL CAPS) (Date) NAME (ALL CAPS) (Date)

Title Title

AGENCY/CAMPUS (ALL CAPS) AGENCY/CAMPUS (ALL CAPS)

NAME (ALL CAPS) (Date) NAME (ALL CAPS) (Date)

Title Title

AGENCY/CAMPUS (ALL CAPS) AGENCY/CAMPUS (ALL CAPS)

REVIEWED BY: (AND/DELETE ANY UN-NEEDED REVIEW BLOCKS)

NAME NAME

NAME NAME

NAME (OSE PM) NAME