

		CHANGE ORDER S	UMMAF	RY SHEET		
C	DRIGINAL CONTRACT AN	10UNT			\$390,0	002.00
COST OF CHANGE ORDERS TO DATE					\$0.00	
COST OF THIS CHANGE ORDER					\$44,285.00	
				TOTAL:	\$434,287.00	
ORIGINAL CONTRACT TIME					150	calendar days
TIME ADDED TO DATE					-64	calendar days
TIME ADDED TO THIS CHANGE ORDER					0	calendar days
				TOTAL:	86	calendar days
	SC	HEDULE OF CHANG	GE ORDE	RS TO DA	ίΤΕ	
O.#	DATE	DESCRIPTIO	ON			AMOUNT (COST OR CREDIT



IN WITNESS OF THE FOREGOING, the parties have set their hands and seals the day and year first written below.

ATTEST:

JEFFREY City Clerk CITY OF FORT LAUDERDALE, a Florida municipal corporation

By:

NER J. LAGERBLOOM City Manager

Date:

Approved as to form:

ALAIN E. BOILEAU, City Attorney

Assistant City Attorney

Approved:

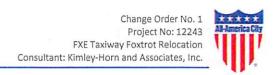
KIMLEY-HORN AND ASSOCIATES, INC., a North Carolina Corporation authorized to transact business in the State of Florida

Print Name: GARY R RATAY

Title: VICE PRESIDENT

PUBLIC WORKS DEPARTMENT





To:

Christopher J. Lagerbloom, City Manager

From:

Paul Berg, ICMA-CM, Director - Public Works

Date:

January 7, 2020

Re:

Change Order No. # 1 to Task Order #1 for Project # 12243

Job Description:

Project 12243, FXE Taxiway Foxtrot Relocation

Contractor:

Kimley-Horn and Associates, Inc.

Amount:

Total amount of Change Order #1 - \$44,285, plus 64 reduction days

Funding:

P12243.468-6534

The purpose of this Change Order is:

In order to meet a grant date imposed by the Federal Aviation Administration, the project was reduced from 150 working days to 86 working days by agreement. In order to meet the compressed deadline, additional staff and hours had to be added to meet the revised project schedule.

NEW AND EXISTING CONTRACT ITEMS ARE UTILIZED - TOTAL CREDIT (\$0,000)

Task No. 4

Description: Contract Document Preparation (100% Final Plans)

<u>ADD:</u> 331 hours of Additional Services performed by Principal, Project Engineer, Engineer, Senior Designer and Support Staff. Hours and labor classifications for

these services are shown as attached.

NET AMOUNT OF THIS CHANGE ORDER

\$44,285.00

ADDITIONAL CONTRACT TIME BEING REQUESTED

-64 CALENDAR DAYS

THE TOTAL AMOUNT OF THIS CHANGE ORDER

\$44,285.00

This Change Order provides for all costs and schedule adjustments associated with completing these services and any and all related items or associated costs incurred or resulting from the items listed above, and is provided in accordance with ARTICLE 8 – AMENDMENTS AND CHANGES IN SCOPE OF SERVICES.



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CAM 19-1220 EXHIBIT 캠^{e 1 of 3} Page 1 of 3

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COMMISSION AGENDA ITEM DOCUMENT ROUTING FORM



Today's Date: 1/9/20

DOCUMENT TITLE: Change Order \$1 to Task Order \$1 for TXE Taxiway Foxtrol
COMM. MTG. DATE: 1/20 CAM #: 19-1220 ITEM #: 01-4 CAM attached: XYES NO
Routing Origin: Router Name/Ext: [Alphs 1509] Action Summary attached: TES NO
CIP FUNDED: YES NO Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include: land, real estate, realty, or real.
1) City Attorney's Office: Documents to be signed/routed? YES \(\subseteq NO \) # of originals attached.
Is attached Granicus document Final? YES NO Approved as to Form: YES NO Attorney's Name Initials
2) City Clerk's Office: # of originals: 3 Routed to: MJ Matthews/CMO/x5364 Date: 113/2028
3) City Manager's Office: CMO LOG #: Jan 46 Document received from:
☐ APPROVED FOR C. LAGERBLOOM'S SIGNATURE ☐ N/A FOR C. LAGERBLOOM TO SIGN
PER ACM: R. HERNANDEZ (Initial/Date) PENDING APPROVAL (See comments below) Comments/Questions:
Forward 3 originals to Mayor CCO Date: 1/13/2020
4) Mayor/CRA Chairman: Please sign as indicated. Forward originals to CCO for attestation/City seal (as applicable) Date:
5) City Clerk: Forward originals to CAO for FINAL APPROVAL Date:
6) CAO forwards originals to CCO
7) City Clerk: Scan original and forwards originals to: (Name/Dept/Ext)
Attach certified Reso # DYES NO Original Route form to CAO/Dept.