

CITY OF NEW HAVEN CONTRACT CHANGE ORDER (CO)

1	Please provide an overview of this CO (please pay particular attention to sections 17,18,19)									
2	CONTRACT TITLE:									
3	CONTRACT #.:		CO#		CO DATE:					
4	CONTRACTOR:					VENDOR CODE:				
5	Contractor EMAIL:					PROJECT No.:				
6	CONTRACT START DATE:		DATE UNCHANGED		DATE INCREASED		DATE DECREASED		CONTRACT END DATE:	
7	FUNDING SOURCE OF CONTRACT:					C A P O #:				
8	FUNDING SOURCE CO:					C A P O #:				
:9	ORIGINAL AWARDED AMOUNT:									
10	CONTRACT AMOUNT PRIOR TO THIS CO:									
11	AMOUNT OF THIS CO:				ACTUAL		ESTIMATE			
					INCREASE		DECREASE			
12	NEW CONTRACT AMOUNT:									

13	What is the total percentage increase/decrease over the original contract, including the current CO?			%
		<i>Please place an X in one box on each line</i>		
		YES	NO	N/A
14	Is this Change Order a final close-out of the Contract?			
15	Has the cost of this contract been increased from the original amount?			
16	Is this a Time and Material change order because of increase/decrease funding?			
17	Is any part of this Change Order outside of the scope of the original bid documents? IF YES you MUST elaborate in memo section above			
18	Has any of the work described in this Change Order been ordered to be done? IF YES you MUST elaborate in memo section above			
19	Are there any unit prices or lump-sum amounts in this Change Order that were not taken from the Contractor's original bid for the project? If the answer is yes, approved quotes and prices, with back-up, must be appended hereto along with certification by the person who approved the reasonableness of the prices, and elaborate in memo section above			
20	COMPANY HOLDING PERFORMANCE BOND: (If Applicable)			

21	CHANGE ORDER HISTORY		CONTRACT #	
22 CO #	PREVIOUS CHANGE ORDERS:		AMOUNT INCREASE	AMOUNT (DECREASE)
	Date	DESCRIPTION in lieu of CO memo If you need more line attach a separate page		
SUB TOTALS				
NET INCREASE / (DECREASE)				

23 ITEM	THIS CHANGE ORDER Brief description (attach quotes etc.)	AMOUNT INCREASE	AMOUNT (DECREASE)
SUB TOTALS			-
NET INCREASE / (DECREASE)			

Signature Page to follow

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	Contract Number:	CO #	DATE:

ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT REMAIN IN FULL FORCE AND EFFECT.		
DULY AUTHORIZED CONTRACTOR'S SIGNATURE:	TITLE:	DATE:

BY SIGNING BELOW, WE CERTIFY THAT THIS CHANGE ORDER HAS BEEN REVIEWED BY THE APPROPRIATE PARTIES AND FOUND TO BE IN COMPLIANCE WITH THE RULES, REGULATIONS AND POLICIES OF OUR INDIVIDUAL DEPARTMENTAL REQUIREMENTS.	
REQUESTING AGENCY DEPARTMENT HEAD SIGNATURE:	DATE
SMALL CONTRACTOR DEVELOPMENT SIGNATURE:	DATE
COMMISSION ON EQUAL (CEO) SIGNATURE:	DATE
CAPO REVISED AND APPROVED SIGNATURE:	DATE
PURCHASING AGENT SIGNATURE:	DATE
OFFICE OF CORPORATION COUNSEL: - APPROVED TO FORM & CORRECTNESS.	DATE
CONTROLLER: - CERTIFIED AS TO SUFFICIENCY OF APPROPRIATION OR AVAILABILITY OF FUNDS	DATE

<i>This section is utilized when and as needed:</i>		
24	ENGINEER/ARCHITECT:	COMPANY/FIRM:
		DATE:

05/11/2023

To: New Haven BOE

Whom It May Concern,

The Facilities Department is requesting a change order for Tim's Flooring - #50545-2-4

This memo requested under the direction of the COO.

Work performed went over the \$25,000.00 contract amount by \$3,735.31, due to repairs that were needed for the Hillhouse medical and conference rooms' flooring. The overages were a result in the expense of the type of flooring used and the labor cost that exceeded the estimated proposal. This amount will cover the current expenses until the new fiscal year. Services will be held until a new contract is enacted. This is the only change order that is needed for this account until the fiscal year end.

Jeffrey McGrath
Regional Manager

