

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT CONTRACT CHANGE ORDER Page 1 of 2		Date:	May 11, 2018
Smith Management Group 1860 B Williamson Ct. Louisville, KY 40223 Attn: Kevin Chaplin Tel: 502-587-6482, Ext. 208 Fax: 502-587-6572 Email: Kevinc@smithmanage.com		Project:	WWTP Safety Program
		Location:	Town Branch/West Hickman
		Contract No.	#194-2016
		Original Contract Amt.	\$334,800.00
		Cumulative Amount of Previous Change Orders	\$0.00
		Percent Change - Previous Change Orders	0.00%
		Total Contract Amount Prior to this Change Order	\$334,800.00
		Change Order No.	1
You are hereby requested to comply with the following changes from the contract plans and specification;			
Current Change Order			
Item No.	Description of changes-quantities, unit prices, change in completion date, etc.	Decrease in contract price	Increase in contract price
1	Electrical Safety Implementation Services		\$197,511.25
	Total decrease	\$0.00	
	Total increase		\$197,511.25
	Net Amount of this Change Order	\$197,511.25	
	New Contract Amount including this Change Order	\$532,311.25	
	Percent Change - This Change Order		58.99%
	Percent Change - All Change Orders		58.99%
The time provided for the completion in the contract and all provisions of the contract will apply hereto.			
Recommended by <u>Robert W. Wright</u>		(Proj. Engr.)	Date <u>5/14/18</u>
Accepted by <u>[Signature]</u> SMG President		(Design Engineer)	Date <u>5/14/18</u>
Approved by <u>[Signature]</u>		(Director)	Date <u>5-22-18</u>
Approved by _____		(Commissioner)	Date _____
Approved by _____		(Mayor or CAO)	Date _____

JUSTIFICATION FOR CHANGE

PROJECT: WWTP Safety Program

CONTRACT NO. #194-2016

CHANGE ORDER: 1

1. Necessity for change: Audit results recommended expansion of the scope for electrical safety training and implementation services.
2. Is proposed change an alternate bid? ___Yes ___X_No
3. Will proposed change alter the physical size of the project? ___Yes ___X_No
If "Yes", explain.
4. Effect of this change on other prime contractors: N/A
5. Has consent of surety been obtained? ___Yes ___X_Not Necessary
6. Will this change affect expiration or extent of insurance coverage? ___Yes ___X_No
If "Yes", will the policies be extended? ___Yes ___No
7. Effect on operation and maintenance costs: N/A
8. Effect on contract completion date: N/A

Mayor_____
Date