

**CONTRACT MODIFICATION
(FINAL CHANGE ORDER-DEDUCTIVE)**

Contract Modification No.: 1

Date: 09/013/2018

Project Name: 2016 – Frances Avenue Park Restroom

Project No:

Owner: City of New Port Richey, City Council

Contractor: SC Signature Construction Corp.

Engineer: Kimley-Horn

This is a final Deductive Change Order to the Contract Amount and the Following Modifications to the Contract are hereby ordered:

Contract Amount		Contract Time (Cal. Days)		
Original Contract Amount	\$ <u>139,911.00</u>	Original Duration	<u>120</u>	Days
Previous Change Orders (Add/Deduct)	\$ <u>0.00</u>	Previous Change Orders (Add)	<u>0</u>	Days
This Change Order (Deduct)	\$ <u>(8,638.06)</u>	This Change Orders (Add)	<u>0</u>	Days
Revised Contract Amount	\$ <u>131,272.94</u>	Revised Contract Time	<u>0</u>	Days

The Final Contract Completion Date is:

September 5, 2018

Contractor's Certification

By executing this Change Order, the contractor acknowledges and agrees that the stipulated price and/or time adjustment includes the costs and delays for all work contained in the Change order, including costs and delays associated with the interruption of schedules, extended overheads, delay, and cumulative impacts or ripple effect on all other non-effected work under this contract. Signing of the Change order constitutes full changes and constitutes full and mutual accord and satisfaction for the adjustment in contract price or time as a result of increases or decreases in costs and time or performance caused directly and indirectly from the change, subject to the current scope of the entire work as set forth in the contract documents.

Recommended By:

Engineer N/A

Contractor SC Signature Construction

By: _____

By: [Signature]

Title _____

Title Vice President

Date _____

Date: 9/17/18

Public Works Director _____

Project Manager/Inspector _____

By: [Signature]

By: [Signature]

Date: 9/17/2018

Date: 9-17-18

**CITY OF NEW PORT RICHEY, FLORIDA
CONTRACTOR'S APPLICATION FOR PAYMENT**

Gray Areas To Be Filled In By Contractor

Bid No. 17-009 Date 9/11/2018 Payment Number 3 - Final
 Application Period From July 25, 2018 To September 11, 2018
 Project Name 2016-Frances Avenue Park Restroom
 Account Number _____
 Owner: City of New Port Richey Phone No. 727-841-4536
 Engineer: Kimley-Horn Phone No. 813-635-5520
 Contractor: SC Signature Construction Corp. Phone No. 727-842-5163

Contract Data

Bids Received	<u>8/18/2017</u>	No. <u>1</u>	Date <u>9/13/2018</u>	Time _____	Amount <u>\$ (8,638.06)</u>
Contract Start Date	<u>1/15/2018</u>	No. _____	Date _____	Time _____	Amount _____
Notice to Proceed	<u>1/15/2018</u>	No. _____	Date _____	Time _____	Amount _____
Calendar Days for Completion	<u>120</u>	No. _____	Date _____	Time _____	Amount _____
Original Completion Date	<u>5/14/2018</u>	No. _____	Date _____	Time _____	Amount _____
Days Extension to Date	<u>0</u>				
New Completion date	_____				

Change Orders

Summary of Project Status

Original Contract Amount	\$ <u>139,911.00</u>	Total Work Completed	\$ <u>131,272.94</u>
Adjustments to Date	\$ <u>(8,638.06)</u>	Material Stored on Site	\$ _____
Revised Contract Amount	\$ <u>131,272.94</u>	Total Earned to Date	\$ <u>131,272.94</u>
Percentage Complete (\$)	<u>93.83%</u>	Less Retainage <u>0%</u>	\$ _____
Percentage Complete (Time)	<u>200.84%</u>	Balance	\$ <u>131,272.94</u>
Percentage Complete (Work)	<u>93.83%</u>	Less Previous Payments	\$ <u>61,086.15</u>
		Amount Due this Period	\$ <u>70,186.79</u>

CERTIFICATION OF CONTRACTOR

According to the best of knowledge and belief, I certify that this is a true and correct statement of work performed and materials delivered for the applications period stated above. I further certify that the Contractor has good title for all materials delivered under this Application for Payment, and there are no vendor liens, or other liens or rights to liens against this project, and that all previous payment requests received under this Contract have been applied to discharge in full all of the Contractor's obligations reflected in prior Applications for Payment, and that hourly wages paid to all employees on this project for the period of this Application are in accordance with the requirements of the Contract Documents.

Submitted for Payment:

SC Signature Construction
 (Contractor)
 By: [Signature]
 (Signature)
 Name: David Sorethworkh
 (Print or type)
 Date: 9/17/18

Recommended for Payment:

N/A
 (Design Professional)
 By: _____
 (Signature)
 Name: _____
 (Print or type)
 Date: _____

Recommended for Payment:

City of New Port Richey
 (Project Manager)
 By: [Signature]
 (Signature)
 Name: MARTIN FIELD
 (Print or type)
 Date: 9-17-18

Approved for Payment:

City of New Port Richey
 (Owner)
 By: [Signature]
 (Signature)
 Name: ROBERT M RIVERA
 (Print or type)
 Date: 9/17/2018