



## Work Change Directive

PROJECT: (Name and Address)

2019-Nebraska Ave. Parking Lot Improvement

Change Directive No.: 1

Change Directive Date: 4/9/2021

TO: (Contractor Name and Address)

Right of Way Contracting  
Matt Fulford  
11205 Tarpon Springs Rd.  
Odessa 33556

Contract No.:

Contract Date:

**You are hereby directed to make the following change(s) in this Contract:**

- Contractor shall obtain a Certificate of Substantial Completion within 120 days from NTP.
- Substantial Completion shall include: car ready parking lot, wheel stops, parking strips (painted), Landscaping, and Irrigation complete. After the Substantial Completion date, Contractor shall have 60 days to complete all punch list items, close-out documentation, As-Builts and Demobilize.
- If Substantial Completion is not obtained within 120 days, the City shall assess \$1000.00/day for Liquidated Damages.
- City shall allow additional project days to Substantial Completion for unforeseen conditions such as Hurricanes, Tropical Storms, rain etc.
- City shall provide an incentive of an additional \$90,000 Change Order to the Contract Amount. Contractor must obtain the Substantial Completion within 120 days to receive this incentive.

### Proposed Adjustments

1. The proposed basis of adjustment to the Contract Sum or Guaranteed Maximum Price is:  
Lump Sum increase decrease of \$90,000.00 Change Order.
2. The Contract Time is proposed to be adjusted remain unchanged. The proposed adjustment, will be 120 days from the NTP for Contractor to obtain a Certificate of Substantial Completion issued by the City.  
When signed by the City and received by the Contractor, this document becomes effective immediately as a Work Change Directive (WCD), and the Contractor shall proceed with the change(s) described above.  
Signature by the Contractor indicates the Contractor's agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this Work Change Directive.
3. Preparation and execution of an appropriate Change Order will follow.

**City**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Contractor**

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTRACT MODIFICATION**

**Contract Modification No.:** 1

**Date:** 4/09/2021

**Project Name:** 2019 - Nebraska Parking Lot Improvement

**Project No:**

**Owner:** City of New Port Richey, City Council

**Contractor:** Right of Way Contractors LLC.

**Engineer:** Kimley - Horn

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

<b>Contract Amount</b>		<b>Contract Time (Cal. Days)</b>	
Original Contract Amount	\$ <u>721,942.50</u>	Original Duration	<u>180</u> Days
Previous Change Orders (Add/Deduct)	\$ _____	Previous Change Orders (Add)	<u>0</u> Days
This Change Order (Add)	\$ <u>90,000.00</u>	This Change Orders (Add)	<u>0</u> Days
Revised Contract Amount	\$ <u>811,942.50</u>	Revised Contract Time (Substantial Complete	<u>120</u> Days

**The Final Contract Completion Date is:**

**Original Date 10/8/2021 Substantial Completion 8/20/2021**

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 \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_

Public Works Director Robert M Rivera

Construction Manager

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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

**Gray Areas To Be Filled In By Contractor**

Bid No. 21-003 Date 5/31/2021 Payment Number 1  
 Application Period From April 30, 2021 To May 31, 2021  
 Project Name 2019 Nebraska Avenue Parking Lot Improvements  
 Account Number XXXXXX-XXXX-XX  
 Owner: City of New Port Richey Phone No. 727-841-4536  
 Engineer: Kimley-Horn Phone No. 727-498-2594  
 Contractor: Right of Way Contractors LLC Phone No. 813-309-0724

**Contract Data**

Bids Received	<u>1/21/2021</u>	No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
Contract Start Date	<u>4/12/2021</u>	No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
Notice to Proceed:	<u>4/12/2021</u>	No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
Calendar Days for Completion	<u>180</u>	No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
Original Completion Date	<u>10/9/2021</u>	No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
Days Extension to Date	<u>0</u>				

**Change Orders**

No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>
No. <u>      </u>	Date <u>      </u>	Time <u>      </u>	Amount <u>      </u>

**Summary of Project Status**

Original Contract Amount	<u>\$ 721,942.50</u>	Total Work Completed	<u>\$ -</u>
Adjustments to Date	<u>\$ -</u>	Material Stored on Site	<u>\$ -</u>
Revised Contract Amount	<u>      </u>	Total Earned to Date	<u>\$ -</u>
Percentage Complete (\$)	<u>0.00%</u>	Less Retainage <u>10%</u>	<u>\$ -</u>
Percentage Complete (Time)	<u>27.22%</u>	Balance	<u>\$ -</u>
Percentage Complete (Work)	<u>0.00%</u>	Less Previous Payments	<u>      </u>
		<b>Amount Due this Period</b>	<b><u>\$ -</u></b>

**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:**

Augustine Construction Inc.  
 (Contractor)  
 By: \_\_\_\_\_  
 (Signature)  
 Name: \_\_\_\_\_  
 (Print or type)  
 Date: \_\_\_\_\_

**Recommended for Payment:**

Half Associates, Inc.  
 (Design Professional)  
 By: \_\_\_\_\_  
 (Signature)  
 Name: David Fleeman  
 (Print or type)  
 Date: \_\_\_\_\_

**Recommended for Payment:**

City of New Port Richey  
 (Project Manager)  
 By: \_\_\_\_\_  
 (Signature)  
 Name: Scott C Fish  
 (Print or type)  
 Date: \_\_\_\_\_

**Approved for Payment:**

City of New Port Richey  
 (Owner)  
 By: \_\_\_\_\_  
 (Signature)  
 Name: Robert M. Rivera  
 (Print or type)  
 Date: \_\_\_\_\_