



CHANGE ORDER



PROJECT NAME: *Emergency Landslide Mitigation on SW Sam Jackson Park Road & Broadway Drive* Change Order No. **2**

CONTRACTOR'S NAME AND ADDRESS: <i>Tri State Construction Contact: Scott Nelson (503) 254-2980</i>	Job No. (SAP WBS) T00309	Contract No. 30002144
<i>PO Box 20476 Portland OR 97294</i>	Ordinance No. 184709	Bid No. <i>N/A</i>

THIS CONTRACT IS HEREBY MODIFIED AS FOLLOWS (DESCRIPTION AND LOCATION OF WORK OR ITEMS COVERED BY THIS ORDER) CONTINUED ON BACK

- A. *Provide additional flaggers to direct traffic on SW Broadway Dr.*
- B. *Modify the completion date.*

SPECIFICATIONS AND PROVISIONS: THE WORK TO BE DONE UNDER THIS ORDER IS TO BE PERFORMED, MEASURED, AND PAID FOR IN ACCORDANCE WITH THE TERMS FOR THE ABOVE CONTRACT EXCEPT AS MODIFIED AS FOLLOWS CONTINUED ON BACK

Measurement and payment for the additional flagging hours will be made on a force account basis. Completion date will be adjusted to February 10, 2012.

NO.	DESCRIPTION	UNIT	UNIT PRICE	EST. QNTY	TOTAL COST
2	<i>Flagger needed to direct traffic on SW Broadway</i>	<i>Force Acct</i>	<i>\$ N/A</i>	<i>N/A</i>	<i>\$ 12,765.00</i>
			\$		\$

Current Contract Amount	\$ 1,400,000.00
Total cost of this Change Order <i>Increase</i>	\$ 12,765.00
Revised Contract Amount	\$ 1,412,765.00
Total effect on contract time resulting from this Change Order	<i>Increase</i> 64 Calendar Day(s)

Consent of Surety is required	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>Contractor</i> , if "Yes" is checked above has Consent of Surety been obtained?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
This change effects the expiration or extent of insurance	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
<i>Contractor</i> , if "Yes" is checked above will policies be extended?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

This Change Order is subject to and incorporates the provisions of Section 196.10B of the Standard Specifications. By signing, dating and returning the original of this form to the Owner, Contractor agrees that the information presented herein is complete, accurate, and resolves all issues of contract time and compensation associated with the work identified herein.

<i>Shulga Dept</i>	<i>4/11/12</i>
APPROVED BY CONTRACT MANAGER	DATE
<i>[Signature]</i>	<i>4-11-12</i>
APPROVED BY PROJECT MANAGER	DATE
<i>Dino S Longarsca</i>	<i>4-11-12</i>
APPROVED BY DIVISION MANAGER	DATE
<i>[Signature]</i>	<i>4/11/12</i>
APPROVED BY CITY ENGINEER	DATE

[Signature] 4-4-12

CONTRACTOR SIGNATURE DATE