

**Texas Department of Agriculture
Construction Contract Change Order**

Owner (Contractor Locality): (Name & Address) County of Webb 1000 Houston Str. Laredo, Texas 78040 Phone: 1-956-523-4605	Contract For (project description): First-time Water & Sewer Connection Project Project Location: Colonia Pueblo Nuevo	Region: STDC TxCDBG Contract No.713015 Change Order No. 1
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Contractor: (Name & Address) A Plus Plumbing Contractor Inc. 524 Olympia Bay Rd. Laredo, Texas 78041 Phone: 1-956-237-7810	Engineer: (Name & Address)
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Owner is requesting TDA review to determine eligibility of change order expenses.

Changes to Existing Line Items (Items from original bid or added in previous change order only)

Item No.	Item Description	Current Quantity	Unit	Unit Price	Change in Quantity (+/-)	Change in Contract Price
	A Plus Plumbing Contractor Inc. Original Contract Amount					\$16,560.00
	The bids solicitation for a Master Plumber requested contractors submit an estimated amount for 3 homes and requested quote cost per estimated linear feet to install a water/sewer lines. However, in actuality water and sewer lines were under the bid.				- \$548.00	
	New Contract Amount					\$16,012.00

New Items Requested (Items without a unit price in the original bid)
Provide Explanation (attach separate documentation if necessary):

Item No.	Item Description	Unit	Unit Price	Change in Quantity (+/-)	Change in Contract Price
<u>Change in Contract Price</u>			<u>Change in Contract Time</u>		
Original Contract Price:	\$16,560.00	Original Contract Time:	120	days	
Previous Change Order(s) No. to No.	\$0.00	Net Change From Previous Change Orders	0	days	
Contract Price Prior to this Change Order	\$16,560.00	Contract Time Prior to this Change Order	120	days	
Net Increase/Decrease of this Change Order	-\$ 548.00	Net Increase/Decrease of this Change Order	0	days	
Contract Price With all Approved Change Orders	\$16,012.00	Contract Time With all Approved Change	120	days	
Cumulative % Change in Contract Price: - 3.31 %					

Notice: * Generally, a cumulative change in the contract price in excess of 25% cannot be approved.
 * Reimbursement of costs submitted in this change order are subject to approval by the Department.
See TxCDBG Project Implementation Manual Section 5.2.5.

Region: STDC	TxCDBG Contract No.: 713015
Grant Recipient: County of Webb	Change Order No. 1

<u>JUSTIFICATION FOR CHANGE</u>	Increase	Decrease	No Change
1. Effect of this change on scope of work:	<input type="checkbox"/>		X
2. Effect on operation and maintenance costs:		X	<input type="checkbox"/>
	Yes	No	N/A
3. Will this Change Order change the number of beneficiaries or TxCDBG contract Performance Statement? If yes, please attach Performance Statement modification request.		X	<input type="checkbox"/>
4. Has this change created new circumstances or environmental conditions which may affect the project's impact, such as concealed or unexpected conditions discovered during actual construction?	<input type="checkbox"/>	X	-
If "Yes", is an Environmental Re-assessment required?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the TCEQ clearance still valid?	X	<input type="checkbox"/>	
6. Are other TxCDBG contractual special condition clearance still valid? (If no, specify):	X	<input type="checkbox"/>	
7. If new items are included that were not included in the competitive bid, have the prices been determined to be reasonable?	X	<input type="checkbox"/>	<input type="checkbox"/>
APPROVED by Grant Recipient (Required):			
Signature: _____ Title: Executive Director Date: _____			
RECOMMENDED: By: _____ Luis Perez Garcia ENGINEER (Authorized Signature) Date: _____		ACCEPTED: By: _____ Ricardo Aguilar CONTRACTOR (Authorized Signature) Date: _____	
To receive an email copy of the TDA response, provide information below:			
	Name	Email address	
Grant Recipient	Juan Vargas	vargas@webbcountytx.gov	
Admin Consultant			
Engineering Consultant			
For office use only:	Eligible Change Order		
Net Increase/Decrease of this Change Order Requested \$ _____	Net Increase/Decrease of this Change Order Requested _____ days		
Net Increase/Decrease of this Change Order Approved \$ _____	Net Increase/Decrease of this Change Order Approved _____ days		
Contract Price With all Approved Change Orders \$ _____	Contract Time With all Approved Change Orders _____ days		
_____	_____		
Regional Coordinator	Date		
_____	_____		
Manager	Date		