



AIA® Document G701/CMa™ – 1992

Change Order - Construction Manager-Adviser Edition

PROJECT: <i>(Name and address)</i>		CHANGE ORDER NUMBER: 1	OWNER <input type="checkbox"/>
EHS Athletic Complex		INITIATION DATE: 03/04/2014	CONSTRUCTION MANAGER <input type="checkbox"/>
Elizabethtown High School Athletic Complex		PROJECT NUMBERS: BG-12-079	ARCHITECT <input type="checkbox"/>
620 North Mulberry Street			CONTRACTOR <input type="checkbox"/>
TO CONTRACTOR: <i>(Name and address)</i>		CONTRACT DATE: 10/24/2012	FIELD <input type="checkbox"/>
GBMC, Inc.		CONTRACT FOR: Change Order	OTHER <input type="checkbox"/>
564 Eastern Blvd.			
Clarksville, IN 47129			

The Contract is changed as follows:

- | | | |
|---|-----|-------------|
| 1. Plumbing changes required by State Plumbing Review, per COR-1. | Add | \$ 801.44 |
| 2. Add HVAC for Office, per EHS Request 02 and COR-2,3. | Add | \$ 2,551.72 |

The original (Contract Sum) (Guaranteed Maximum Price) was	\$ 258,717.00
Net change by previously authorized Change Orders	\$ 3,353.16
The (Contract Sum) (Guaranteed Maximum Price) prior to this Change Order was	\$ 262,070.16
The (Contract Sum) (Guaranteed Maximum Price) will be (increased) (decreased) (unchanged) by this Change Order	\$ 0.00
The new Contract Sum including this Change Order will be	\$ 262,070.16
The Contract Time will be (increased) (decreased) (unchanged) by Sixteen (16) days	
The date of Substantial Completion as of the date of this Change Order therefore is	07/17/2013

(Note: This summary does not reflect changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive.)

NOT VALID UNTIL SIGNED BY THE OWNER, CONSTRUCTION MANAGER, ARCHITECT AND CONTRACTOR.

Jenkins-Essex Construction, Inc.

CONSTRUCTION MANAGER

136 Howell Drive Elizabethtown, KY 42701

ADDRESS

BY *Danna Monroe* DATE 3-4-14

5253 Design Group, Professional Corporation

ARCHITECT

654 S. Shelby Street, Ste. 302 Louisville, KY 40202

ADDRESS

BY _____ DATE _____

GBMC, Inc.

CONTRACTOR

564 Eastern Blvd. Clarksville, IN 47129

ADDRESS

BY _____ DATE _____

Elizabethtown Independent Schools

OWNER

219 Helm Street Elizabethtown, KY 42701

ADDRESS

BY _____ DATE _____

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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KENTUCKY DEPARTMENT OF EDUCATION
DIVISION OF FACILITIES MANAGEMENT

CHANGE ORDER SUPPLEMENTAL
INFORMATION FORM

702 KAR 4:160

(Supplement to AIA G701 and G701/CMA Change Order Forms)

District: Elizabethtown Independent District Code: _____ Facility Name: Elizabethtown High School School Code: _____

BG #: BG 12-079 Project: EHS Athletic Complex Contract/Bid Package: 220

Original Contract Sum: \$ 258,717.00 Change Order Number: 1

Requested Change Order Amount \$ 3,353.16 Time Extension Required: ☒ Yes ☐ No

NOTE: All change orders shall be submitted with complete cost breakdown including materials, labor, overhead and profit, and any other descriptive drawings and information.

Contract change requested by:

<input checked="" type="checkbox"/> Local Board of Education	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Construction Manager
<input type="checkbox"/> Code Enforcement Official	<input checked="" type="checkbox"/> Other: <u>Mechanical Contractor</u>

Change Order Description and Justification:

This change includes plumbing vent revisions required by the state's 11/20/12 plan review. The additional HVAC required for Office 114, as described in RFI 2 Response, dated 01/11/13, is also included in this change.

Cost Benefit to Owner:

Both changes were required for the project to comply with building codes.

Have contract unit prices been utilized to support the cost associated with this change order?

☐ Yes ☒ No

Is the cost for this change order supported by an alternate bid or competitive price quote(s)?

☐ Yes ☒ No

Does this change order effect the total Architect/Engineer design fee for this project? ☐ Yes ☒ No

Current A/E Contract Amount: \$ _____

Fee Amount for this change +/-: \$ _____

New A/E Contract Amount: \$ _____

Board of Education Designee Signature

Date

Attach additional pages if necessary