

# FACPAC PO Change Order Supplemental Information Form (Ref# 58505)

Form Status: Saved

Tier 1 Project: Estill Springs Elementary Phase 2 Renovations & Addition - ESSER III  
BG Number: 22-207 District: Estill County (HB678)  
Status: Active Phase: Project Initiation (View Checklist)

Contract: East Kentucky Masonry, LLC, 0003, Masonry  
Type: CM Bid Package Proposed

Purchase Order Number: 3-4  
Vendor Name: Triplecrown Concrete

Change Order Number 3-4-1  
Time Extension Required No  
Date Of Change Order 8/29/2023  
Change Order Amount To Date Decrease

## Construction Contingency

Calculations below are project wide. Remaining negative Construction Contingency may require the submission of a revised BG1.

Current Approved Amount	\$264,164.35
Net Approved COs	\$270,992.17
Remaining After Approved COs	\$-6,827.82
Net All COs	\$316,036.43
Remaining After All COs	\$-51,872.08

This Requested Change Order Amount (\$85.75)

+/-

Change In A/E Fee This Change Order

+/-

Change In CM Fee This Change Order

+/-

Remaining Construction Contingency Balance

Contract Change Requested By Credit to return unused PO to owner

Contract Change Reason Code Credit to return unused PO to owner

Change Order Description And Justification

Credit issued to PO 3-4 Triple Crown Concrete to zero out PO and return unused balance to Owner Contingency per KDE Guidelines.

Cost Benefit To Owner

Reduction in constuction cost

Contract unit prices have been utilized No to support the cost associated with this change order.

### Detailed Cost Breakdown

Contract unit prices have not been utilized, provide a detailed cost breakdown which separates labor, material, profit and overhead.

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<b>Detail Item</b>	<b>Amount</b>	<b>Percent of Total</b>
Labor		0.00%
Materials	(\$85.75)	100.00%
Profit and Overhead		0.00%
Bond Insurance		0.00%
<b>Cost Breakdown Total:</b>	<b>\$-85.75</b>	

Cost for this Change Order supported No by an alternate bid or competitive price quote

Explain Why

# Change Order Supplemental Information Form Signature Page (Online Form Ref# 58505)

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Architect

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Date

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Construction Manager

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Date

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Finance Officer

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Date

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Local Board of Education Designee

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Date



# AIA<sup>®</sup> Document G701/CMa<sup>™</sup> – 1992

## Change Order - Construction Manager-Adviser Edition

OWNER   
 CONSTRUCTION MANAGER   
 ARCHITECT   
 CONTRACTOR   
 FIELD   
 OTHER

**PROJECT** *(Name and Address)*  
 ESTILL SPRINGS ELEMENTARY SCHOOL  
 314 MAIN STREET  
 IRVINE, KY 40336

**CHANGE ORDER NUMBER:** 03-04-01  
**INITIATION DATE:** 8/29/2023

**TO CONTRACTOR** *(Name and Address)*  
 TRIPLE CROWN CONCRETE

**PROJECT NUMBERS:** 000778  
**CONTRACT DATE:** 8/15/2022  
**CONTRACT FOR:** PURCHASE ORDER #03-04

**THE CONTRACT IS CHANGED AS FOLLOWS:** Credit issued to PO 3-4 Triple Crown Concrete to zero out PO and return unused balance to Owner Contingency per KDE Guidelines.

The original Contract Sum was	6,615.00
Net change by previously authorized Change Orders	0.00
The Contract Sum prior to this Change Order was	6,615.00
The Contract Sum will be Decreased by this Change Order in the amount of	-85.75
The new Contract Sum including this Change Order will be	6,529.25

The Contract Time will be adjusted by 0 days.  
 The date of Substantial Completion as of the date of this Change Order therefore is 6/2/2023.

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

CODELL CONSTRUCTION COMPANY  
 \_\_\_\_\_  
**CONSTRUCTION MANAGER** *(Firm Name)*  
 4475 ROCKWELL ROAD WINCHESTER, KY 40391  
 \_\_\_\_\_  
**ADDRESS**  
 \_\_\_\_\_  
 BY *(Signature)*  
 \_\_\_\_\_

ROSS-TARRANT ARCHITECTS INC.  
 \_\_\_\_\_  
**ARCHITECT** *(Firm Name)*  
 101 OLD LAFAYETTE AVE LEXINGTON, KY 40502  
 \_\_\_\_\_  
**ADDRESS**  
 \_\_\_\_\_  
 BY *(Signature)*  
 \_\_\_\_\_

\_\_\_\_\_  
*(Typed Name)* **DATE:**

\_\_\_\_\_  
*(Typed Name)* **DATE:**

TRIPLE CROWN CONCRETE  
 \_\_\_\_\_  
**CONTRACTOR** *(Firm Name)*  
 \_\_\_\_\_  
**ADDRESS**  
 Return Unused PO to owner per KDE Guidelines  
 BY *(Signature)*  
 \_\_\_\_\_

ESTILL COUNTY BOARD OF EDUCATION  
 \_\_\_\_\_  
**OWNER** *(Firm Name)*  
 253 MAIN STREET IRVINE, KY 40336  
 \_\_\_\_\_  
**ADDRESS**  
 BY *(Signature)*  
 \_\_\_\_\_

\_\_\_\_\_  
*(Typed Name)* **DATE:**

\_\_\_\_\_  
*(Typed Name)* **DATE:**