

INDIANA Department of Transportation
Construction Change Order and Time Extension Summary

Contract Information

District:LAPORTE DISTRICT

Contract No.: B -36229

AE:Beale, Cortney

Letting Date:02/20/2019

PE/S:Randell, Lee

Status:Draft

Change Order Information

Date Generated: 04/09/2021

Change Order No.: 025

Date Approved: 00/00/0000

EWA: Y or Force Acct: N

Reason Code: CHANGED COND, Constructability Related

Description: Damaged CZ Unit Repair Cost

Original Contract Amount	\$ 20,538,846.45	
Current Change Order Amount	\$ 6,554.85	Percent: 0.032 %
Total Previous Approved Changes	\$ 1,628,453.55	Percent: 7.929 %
Total Change To-Date	\$ 1,635,008.40	Percent: 7.961 %
Modified Contract Amount	\$ 22,173,854.85	

Time Extension Information

Date Initiated 00/00/0000

Date Completed 00/00/0000

Original Contract Time

SS Completion Date 00/00/0000 or SS Calendar/Work Days 0

SP Date 00/00/0000 or SP Days

(SS = Standard Specification, SP = Special Provision)

Time Element Description:

Current Time Extension

SS Days 0 SP Days 0 SP Days Value \$ 0.00

Previous Time Approved

SS Days by AE:_____ DCE:_____ SCE:_____ DDCM:_____

SS Days_____ SP Days Value \$ _____

Revised Contract Time

SS Completion Date 00/00/0000 or SS Calendar/Work Days 0

SS Date 00/00/0000 or SP Days 0

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Review and Approval Information

Required Approval Authority AE:_____ DCE:_____ SCE:_____ * DDCM:_____ *
(\$ per Change Order) (- LE \$ 250K-) (- LE \$ 750K -) (-- LE \$ 2 M --) (-- GT \$ 2 M --)
(Days per Contract) (50 SS days) (100 SS days) (200 SS Days) (GT 200 SS days)

Verbal Approval Required? Y / N If Y, by_____ Date Issued_____

Total Change To-Date>5%? Y / N If Y , Copy to Program Budget Manager_____

Scope/Design Recommendation Y / N If Y, Referred to Project Manager(PM) _____
Required? Date to PM_____ Date Returned_____

Approval Authority Concurs with PM? Y / N If Y, Concurrence by_____ Date_____
If N,Resolution: Approved _____ Disapproved _____
Resolved by_____ Date_____

LPA Signatures Required? Y / N If Y, Date to LPA _____ Date Returned _____

FHWA Signatures Required? Y / N If Y, Date to FHWA_____ Date Returned_____

* Field Engineer Recommendation (Required for SCE or DDCM Approval)

Field Engineer _____ Date _____

Comments: _____

Contract: B -36229
 Project: 0710056 - State:0710056
 Change Order Nbr: 025
 Change Order Description: Damaged CZ Unit Repair Cost
 Reason Code: CHANGED COND, Constructability Related

CLN	PCN	PLN	Item Code	Unit	Unit Price	CO Qty	Comment	Amount Change
0276	0710056	0274	105-06807	LS	6,554.850	1.000	C	Amount:\$ 6,554.85

Item Description: ADDITIONAL

Supplemental Description1: , Energy Absorbing Terminal Repair

Supplemental Description2:

Total Value for Change Order 025 = \$ 6,554.85

Whereas, the Standard Specifications for this contract provides for such work to be performed, the following change is recommended.

General or Standard Change Order Explanation

This change order is being created for the repair costs to a temporary impact attenuator resulting from damages sustained by a vehicle accident on 11/13/19. The temporary impact attenuator was installed to separate southbound Calumet Ave traffic from the Phase 3C work zone to construct the median and left lane, north of the CN railroad at grade crossing. The impact attenuator was struck and damaged by a single vehicle accident involving an uninsured motorist driving a stolen vehicle. The impact attenuator was able to be repaired rather than replaced. CLN 0275, Additional, Energy Absorbing Terminal Repair is being created under this change order as category 0001, participating, at a lump sum cost of \$6,554. 85. This item will be participating since the repair cost is the result of uninsured accident damage and replacement costs, if necessary, are participating.

General or Standard Change Order Explanation

No additional time is required under this change order to perform this work. Pricing for work under this change order has been deemed reasonable and fair. Material markup allowed per INDOT SS 109.05. The LPA ERC has confirmed acceptance of this change order, and INDOT PM has been notified. Attached for reference is the itemized repair cost including accident report, insurance denial letter to the contractor, cost verification, plan sheet 22-5 and INDOT PM concurrence.

Change Order Explanation for Specific Line Item

It is the intent of the parties that this change order is full and complete compensation for the work describe above.
 Notification and consent to this change order is hereby acknowledged.

Contractor:_____

Signed By:_____

Date:_____

NOTE: Other required State and FHWA signatures will be obtained electronically through the SiteManager system.

APPROVED FOR LOCAL PUBLIC AGENCY

(SIGNATURE)

(TITLE)

(DATE)

(SIGNATURE)

(TITLE)

(DATE)

SUBMITTED FOR CONSIDERATION

PE/S _____

APPROVED FOR INDIANA DEPARTMENT OF TRANSPORTATION

Approval Level	Name of Approver	Date	Status
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