

INDIANA Department of Transportation
Construction Change Order and Time Extension Summary

Contract Information

Contract No.: B -36229	Letting Date:02/20/2019
District:LAPORTE DISTRICT	AE:Beale, Cortney
PE/S:Randell, Lee	Status:Draft

Change Order Information

Change Order No.: 014	EWA: Y or Force Acct: N
Date Generated: 11/09/2020	Date Approved: 00/00/0000
Reason Code: SCOPE CHANGES, Project Upgrades	
Description: 144-Pair Fiber Optic Relocation	

Original Contract Amount	\$ 20,538,846.45	
Current Change Order Amount	\$ 36,515.93	Percent: 0.178 %
Total Previous Approved Changes	\$ 1,448,129.33	Percent: 7.051 %
Total Change To-Date	\$ 1,484,645.26	Percent: 7.229 %
Modified Contract Amount	\$ 22,023,491.71	

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	

INDIANA Department of Transportation
Construction Change Order and Time Extension Summary

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: 014
 Change Order Description: 144-Pair Fiber Optic Relocation
 Reason Code: SCOPE CHANGES, Project Upgrades

CLN	PCN	PLN	Item Code	Unit	Unit Price	CO Qty	Comment	Amount Change
0267	0710056	0265	105-06807	LS	36,515.930	1.000	C	Amount:\$ 36,515.93

Item Description: ADDITIONAL

Supplemental Description1: , 144-Pair Fiber Optic Relocation

Supplemental Description2:

Total Value for Change Order 014 = \$ 36,515.93

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**

Change Order 14 is being created for the relocation of the combined Town of Munster and Munster Community Hospital 144-pair fiber optic lines along the west side of Calumet Ave from north of Superior Ave to north of CN Railroad. The existing fiber optic alignment was located within the proposed southbound outside lane of Calumet Ave north of 45th St west. The existing fiber was damaged late July 2020 during construction and temporarily repaired by Midwestern Electric. Temporary repairs north of 45th St west included conduit and fiber optic cable that were placed on grade to an existing handhole within the southbound outside lane. Sections of existing conduit under the roadway were found to be in poor condition. Relocation of the Town and Hospital fiber optic allowed the alignment to be placed behind the proposed curb between 45th St west and CN Railroad during construction of the southbound lanes of Calumet Ave, eliminate the temporary repairs, and eliminate the abandoned handhole within the proposed roadway. The cost of fiber optic relocation includes labor, equipment, new 144-pair fiber optic cable, handhole, and other necessary materials required to install, splice and test the fiber optics. New conduit will be paid under the existing contract item. Of the 144 fibers, 48 in-use fibers were spliced and tested. The remaining 96 vacant or dark fibers were spliced but not tested. Splicing and testing of the 12 in-use Hospital fibers, blue tube, were performed overnight to minimize disruption to various hospital departments. The remaining 24 backup Hospital fibers, green and orange tubes, and 12 Town of Munster fibers, slate tube, were spliced and tested during daylight hours. CLN 0267, Additional, 144-Pair Fiber Optic Relocation is being created under this change order as category 0002, non-participating, for a Lump Sum cost of \$36,515.93.

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. Bid history analysis was performed per LF and found to be outside the 95 percent limit due to multiple mobilizations, fiber quantity, splicing and testing needs. Available bid history analysis for fiber optic cable is very limited in sample size statewide. The LPA ERC has confirmed acceptance of this change order and INDOT PM concurrence obtained. Attached for reference is the contractors request for change order with markup, INDOT PM concurrence, and correspondence. Also attached for reference are select contract plan and profile sheets 74 to 80 showing the existing fiber optic alignment, and contract construction detail sheets 101 to 104 showing the relocated fiber optic alignment.

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.

Contract No:B -36229
Change Order No:014

INDIANA
Department of Transportation

Date:11/28/2020
Page: 4

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
----------------	------------------	------	--------