

**AIA**[®]**Document G701[™] – 2001****Change Order**

PROJECT <i>(Name and address):</i>	CHANGE ORDER NUMBER: 23	OWNER: <input type="checkbox"/>
The Maples - Benzie County Medical Care Facility Frankfort Michigan	DATE: 11/23/2016	ARCHITECT: <input type="checkbox"/>
TO CONTRACTOR <i>(Name and address):</i>	ARCHITECT'S PROJECT NUMBER: 3206	CONTRACTOR: <input type="checkbox"/>
Comstock Construction Company 740 Centre Street Traverse City, Michigan 49686	CONTRACT DATE: 12/17/13	FIELD: <input type="checkbox"/>
	CONTRACT FOR: General Construction	OTHER: <input type="checkbox"/>

THE CONTRACT IS CHANGED AS FOLLOWS:*(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)*

Nurse call added 4 pull stations

The original Guaranteed Maximum Price was	\$	10,276,014.00
The net change by previously authorized Change Orders	\$	1,002,883.80
The Guaranteed Maximum Price prior to this Change Order was	\$	11,278,897.80
The Guaranteed Maximum Price will be increased by this Change Order in the amount of	\$	3,328.00
The new Guaranteed Maximum Price including this Change Order will be	\$	11,282,225.80

The Contract Time will be increased by Zero (0) days.

The date of Substantial Completion as of the date of this Change Order therefore is

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.
Edmund London & Associates
ARCHITECT *(Firm name)*
20750 Civic Center Drive, Suite 610
Southfield, Michigan 48076
ADDRESS**BY** *(Signature)*
Robert Zabowski
(Typed name)
DATE
Comstock Construction Company
CONTRACTOR *(Firm name)*
740 Centre Street
Traverse City, Michigan 49686
ADDRESS**BY** *(Signature)*
Michael J. Comstock
(Typed name)
DATE
Benzie County Building Authority
OWNER *(Firm name)*
448 Court Place, Beulah, Mi 49617
ADDRESS**BY** *(Signature)*
Thomas N. Longanbach *Chair BA*
(Typed name)
DATE

Proposed Change Order

Client Address:

Comstock Construction Company

Contact: Tom Comstock
740 Centre Street
Traverse City, MI 49686

CCN#

11

Date:

8/30/2016

Project Name:

The Maples of Benzie County

Project Number:

EM-FBCMF

Page Number:

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Work Description

We reserve the right to correct this quote for errors and omissions.

This quote covers direct costs only and we reserve the right to claim for impact and consequential costs.

This price is good for acceptance within 10 days from the date of receipt.

We will supply and install all materials, labor, and equipment as per your instructions on **Nurse Call - (4) Added Pull Stations.**
Itemized Breakdown

Description	Qty	Total Mat.	Total Hrs.
1/2" STEEL FLEX	32	16.00	1.20
1/2" STL FLEX CONN	4	6.94	0.50
1/2" STL 90 FLEX CONN	4	19.60	0.50
DEV BOX 2-1/2"D COMB KO+EARS	4	13.41	1.10
BOX SUPPORT HOLD-ITS	4	2.43	0.40
SINGLE BED STATION	4	0.00	2.00
Cat5e Cable	140	28.00	1.96
Totals	192	86.38	7.66

Summary

General Materials		86.38
Material Tax	(@ 6.000 %)	5.18
Material Total		91.56
JOURNEYMAN	(3.83 Hrs @ \$55.00)	210.65
FOREMAN	(3.83 Hrs @ \$60.00)	229.80
PROJECT MANAGER	(0.08 Hrs @ \$55.00)	4.40
SAFETY	(0.27 Hrs @ \$55.00)	14.85
CLEAN UP	(0.15 Hrs @ \$55.00)	8.25
WARRANTY	(0.08 Hrs @ \$55.00)	4.40
MATERIAL HANDLING	(0.08 Hrs @ \$55.00)	4.40
Subtotal		568.31
Overhead	(@ 10.000 %)	56.83
Markup	(@ 10.000 %)	62.51



ELECTRICIANS | TECHNICIANS | ENGINEERS

Proposed Change Order

Client Address:

Comstock Construction Company

Contact: Tom Comstock
740 Centre Street
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Summary (Cont'd)

Subtotal		687.65
EPS (VTT) - Nurse Call	(\$2,400.00 + 0.000 % + 0.000 % + 10.000 %)	2,640.00
Subtotal		3,327.65
Final Adj.		0.35
Final Amount		\$3,328.00

CONTRACTOR CERTIFICATION

Name: _____

Date: _____

Signature: _____

I hereby certify that this quotation is complete and accurate based on the information provided.

CLIENT ACCEPTANCE

CCN #: 11

Final Amount: \$3,328.00

Name: _____

Date: _____

Signature: _____

Change Order #: _____

I hereby accept this quotation and authorize the contractor to complete the above described work.



Engineered Protection Systems
750 Front Ave NW
Grand Rapids, MI 49504

Change Order Form

Project Name: The Maples

Contractor: Feyen Zylstra

Job Number:

Contractor Contact: Josh Kass

Purchase Order Number:

Date: 8/29/16

Change Order Number: 6

Contract Quote:

The contract is changed as followed:

EPS's subcontractor, VTT, to provide and install (4) Jeron 8826 Sealed Call Cords; (4) Jeron 6841+TVS Single Patient Stations; and (2) Jeron 6810+TV Addressable Bus Station Controllers. Wiring for these devices and boxes are to be installed by others. Programming, testing, and Owner training provided by EPS's subcontractor. Feyen Zylstra to provide a drawing indicating the additional devices.

The Contract Sum will be increased or (decreased)

By this Change Order in the amount of..... \$2,400.00 tax included

Approved

Date

Contract PO Number _____