

HILLSBOROUGH COUNTY CHANGE ORDER FORM

CONTRACT: _____ CHANGE ORDER NO.: _____
_____ BID NO: _____
CONTRACTOR: _____ PROJECT NO: _____
_____ CPA NO: _____

☐ TIME CHANGE

☐ EXTRA WORK

☐ CREDIT

☐ OTHER

The Contractor is hereby authorized and directed to make the following changes and modifications to the aforesaid Contract in accordance with all requirements applicable thereto.

DESCRIPTION OF CHANGE:	<u>COST</u> <u>IMPACT</u>	<u>FINAL</u> <u>COMPLETION</u> <u>DAYS</u>
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REASON FOR CHANGE:

The original Contract Sum (TOTAL GMP) was \$ _____
Net change by previous Change Orders \$ _____
The Contract Sum prior to this Change Order was \$ _____
The Contract Sum will be _____ by this Change Order. \$ _____
(increased, decreased or unchanged)
The new Contract Sum including this Change Order will be \$ _____

The Final Completion Milestone prior to this Change Order was _____.
The time for Final Completion Milestone will be _____ by _____ () days.
(extended, reduced or unchanged)
The Final Milestone for this change order therefore is therefore _____

The Contractor waives any and all claims to additional time extension and/or additional monetary compensation resulting from these changes and all cost associated with the change order as herein addressed.

Excepting those terms and provisions conflicting with this Change Order which are hereby changed to conform hereto, the aforesaid Contract as amended by all previous change orders hereto is otherwise reaffirmed in its entirety.

IN WITNESS WHEREOF, this Change Order No. _____ to _____ has been executed by the parties hereto or their duly authorized representatives.

ATTEST: VICTOR D. CRIST
Clerk of Circuit Court

COUNTY: HILLSBOROUGH COUNTY FLORIDA

BY: _____
Deputy Clerk

BY: _____
Chair, Board of County Commissioners

BOCC Document Number

Date of BOCC approval

ATTEST:

CONTRACTOR:

Witness

BY: _____
Authorized Signature (SEAL)

TITLE: _____

DATE: _____

BOCC Staff	Approval	Date
Department Fiscal		
Department Director		
Procurement		
County Attorney: Approved as to Form and Legal Sufficiency		

(ACKNOWLEDGMENT OF CONTRACTOR, IF A CORPORATION)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of ☐ physical presence
or ☐ online notarization this _____ day of _____, 20____, by _____
(Name of person)
as _____ for _____.
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

(ACKNOWLEDGMENT OF CONTRACTOR, IF A PARTNERSHIP OR INDIVIDUAL)

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online
notarization this _____ day of _____, 20____, by _____.
(Name of person acknowledging)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Known OR Produced Identification

Type of Identification Produced _____

CONSENT OF SURETY TO CHANGE ORDER

CONTRACT TITLE: _____

CONTRACTOR (PRINCIPAL): _____

SURETY: _____

AGENT: _____

The SURETY does hereby acknowledge and agree to Change Order No. _____ to the above referenced contract with Hillsborough County, _____ the contract amount
(increasing/decreasing)
by \$_____, and/or extending the completion date by _____ (_____) calendar days. The SURETY further acknowledges that the performance bond and/or payment bond furnished under the aforementioned contract is accordingly changed to reflect the change in contract amount, and/or time included in Change Order No. _____.

This Consent is dated this _____ day of _____, 20____.

SURETY: _____

BY: _____ (SEAL)
Authorized Signature

-OR-

BY: _____ (SEAL)
As Attorney in Fact
(Attach Power of Attorney)

Printed Name

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20____, _____ by
(Name of person)

_____ for _____
(ie. Officer, attorney in fact) (Name of party on behalf of whom instrument was executed.)

(Signature of Notary Public)

(Print, Type, or Stamp Name of Notary Public)

Personally Know OR Produced Identification

Type of Identification Produced _____