



AIA®

Board of Supervisors
Document G701™ - 2001

Change Order

PROJECT: (Name and address) Alt. to Siouxland District Health 1014 Nebraska Sioux City, IA	CHANGE ORDER NUMBER: 1 DATE: 4/20/2016	OWNER <input type="checkbox"/> ARCHITECT <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> FIELD <input type="checkbox"/> OTHER <input type="checkbox"/>
TO CONTRACTOR: (Name and address) Sioux Contractors 412 Pavonia St. Sioux City, IA 51101	ARCHITECT'S PROJECT NUMBER: 1431 CONTRACT DATE: 3/15/16 CONTRACT FOR: General Construction	

The Contract is changed as follows:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives.)

- | | |
|--|------------------------|
| 1. Alternate route for sanitary sewer due to existing conditions | Add \$4,110 |
| 2. Modify Structural and window configuration to accommodate existing conditions | Deduct \$3,310 |
| | Total Add\$ 800 |

The original (Contract Sum) (Guaranteed Maximum Price) was \$ 477,900
The net change by previously authorized Change Orders \$ 0
The (Contract Sum) (Guaranteed Maximum Price) prior to this Change Order was \$ 477,900
The (Contract Sum) (Guaranteed Maximum Price) will be (increased) ~~(decreased)~~ ~~(unchanged)~~ by this Change Order in the amount of \$ 800
The new (Contract Sum) (Guaranteed Maximum Price), including this Change Order, will be \$ 478,700
The Contract Time will be ~~(increased)~~ ~~(decreased)~~ (unchanged) by Zero (0) days.
The date of Substantial Completion as of the date of this Change Order, therefore, is June 24, 2016

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price that 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.

<u>RML Architects</u> ARCHITECT (Firm name) <u>Sioux City, IA</u> ADDRESS BY (Signature) <u>MIKE NESWICK</u> (Typed name) <u>4/20/16</u> DATE	<u>Sioux Contractors</u> CONTRACTOR (Firm name) <u>Sioux City, IA</u> ADDRESS BY (Signature) <u>ROBERT J. AGNES</u> (Typed name) <u>4/21/16</u> DATE	<u>Woodbury County Bd of Supervisors</u> OWNER (Firm name) Signature <u>Siouxland District Health</u> Signature <u>05/04/16</u> DATE
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CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.