

APPENDIX B: CLARIFICATION, CHANGE ORDERS, AND ACCEPTANCE

**CAMINADA HEADLAND BEACH AND DUNE RESTORATION
INCREMENT II (BA-143)**

ATTACHMENT B1

Interpretation or Clarification by Engineer
Number (____)

DATE:

SUBJECT:

SUMMARY OF MATTER BY CONTRACTOR

INTERPRETATION OR CLARIFICATION OF MATTER BY ENGINEER

ATTACHMENT B2

CHANGE ORDER NO. ___

OWNER: State of Louisiana, Coastal Protection & Restoration Authority
CONTRACTOR _____
PROJECT: Caminada Headland Beach and Dune Restoration - Increment II
 (BA-143)
FILE NO: _____
SOLICITATION NO: _____
ENGINEER: _____

The following changes are hereby proposed to be made to the Contract Documents:

-

Description: See attached summary.

Attachments (list documents supporting change):

-

Change in Contract Price		Change in Contract Time	
Original Contract Price		Original Contract Time (calendar days)	
Net Increase /(Decrease) from previous Change Orders		Net Increase /Decrease from previous Change Orders (days)	
Contract Price prior to this Change Order		Contract Time prior to this Change Order (calendar days)	
Net Increase/(Decrease) of this Change Order		Net Increase (Decrease) of this Change Order (days)	
Contract Price with this Change Order		Contract Time with this Change Order (calendar days)	

RECOMMENDED:

By: _____
 Engineer

Date: _____

RECOMMENDED:

By: _____
 CPRA Construction Manager

Date: _____

ACCEPTED:

By: _____
 Contractor

Date: _____

ATTACHMENT B3

CAMINADA HEADLAND BEACH AND DUNE RESTORATION INCREMENT II (BA-143)

FILE NO: _____, PURCHASE ORDER NO: _____

SUMMARY OF CHANGE ORDER NO: _____

ITEM NO.	DESCRIPTION	UNIT	ORIGINAL QUANTITY	ADJUSTED QUANTITY	UNIT PRICE	AMOUNT OVERRUN	AMOUNT UNDERRUN
Net Increase of this Change Order							

Justification:

-

No additional contract time is requested to accomplish the work for the change order.

ATTACHMENT B4

❖ NOT FOR RECORDATION PURPOSES ❖

RECOMMENDATION OF ACCEPTANCE

TO: Coastal Protection and Restoration Authority
450 Laurel Street, Suite 1501
Baton Rouge, LA 70801

FROM: _____

Design Firm Name and Address

DATE: _____

PROJECT NAME & NUMBER: _____

SITE CODE: _____ STATE ID: _____ CFMS: _____

CONTRACTOR: _____

ORIGINAL CONTRACT AMOUNT: \$ _____

FINAL CONTRACT AMOUNT: \$ _____

DATE OF ACCEPTANCE: _____

CONTRACT DATE OF

COMPLETION: _____

NUMBER OF DAYS (OVERRUN) (UNDERRUN) (As of Acceptance Date) _____

LIQUIDATED DAMAGES PER DAY STIPULATED IN CONTRACT \$ _____

VALUE OF PUNCH LIST \$ _____
(Attach punch list)

Signed: _____
DESIGNER

FOR USE OF PROJECT MANAGER:

Signed: _____
PROJECT MANAGER

❖ NOT FOR RECORDATION PURPOSES ❖