



Legislation Text

File #: 24-1106, **Version:** 1

Interoffice Memorandum

DATE: July 15, 2024

TO: Mayor Jerry L. Demings and County Commissioners

THROUGH: Anne Kulikowski, Director, Administrative Services Department

FROM: Sara Flynn-Kramer, Manager, Capital Projects Division

CONTACT: Sara Flynn-Kramer

PHONE: 407-836-0048

DIVISION: Capital Projects

ACTION REQUESTED:

Approval of Change Order No 2, Contract Y21-737 Health Department Buildings 1 & 2 Roof & Window Replacement, with Gomez Construction Co Inc in the amount of \$50,000, for a revised lump sum contract amount of \$2,658,693.49. District 6. (Capital Projects Division)

PROJECT: Health Department Buildings 1 & 2 Roof & Window Replacement

PURPOSE: To provide funding for additional construction services to complete the capital improvements.

BUDGET: Accounting Line Number: 1023-043-2052-3810

JUSTIFICATION/DISCUSSION:

This work was required to comply with the City of Orlando Building Departments requirement for Threshold Inspections that was imposed during construction. This level of inspection to comply with code was not a part of the original permitting requirements and required additional supervision and labor to support the additional testing of 76 exterior windows.

PREVIOUS ACTIONS TO THIS CONTRACT:

The Contract award was approved on June 8, 2021.

Original Contract dated August 3, 2021 Lump sum amount - \$ 2,492,015.00

Change Order No. 1 dated August 22, 2023 Lump sum amount - \$ 116,678.49

Window opening and site modifications to work with
unforeseen conditions

Proposed Change Order No. 2 Lump sum amount - \$ 50,000.00

Threshold inspection requirement negotiated
down from \$175,709.90 and includes a \$13,587.17
credit for roof curbs and two windows

Proposed Final Contract Amount Lump sum amount - \$ 2,658,693.49



BCC Mtg. Date: July 30, 2024

**ORANGE COUNTY PROCUREMENT DIVISION
CHANGE ORDER REQUEST FORM**

REQUEST DATE	BUDGET FY	GRANT FUNDING	
06/24/24	23/24	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> THIS REQUEST COMPLIES WITH COST PRINCIPLES

DEPARTMENT/DIVISION	CONTACT NAME	CONTACT PHONE	BUYER/PA/CA NAME
Administrative Services / Capital Projects	Jose Canas	407-836-0081	

VENDOR	CHANGE ORDER NO.	DOCUMENT NO. (ATTACH FIRST PAGE)	TYPE	CONTRACT NUMBER	<input type="checkbox"/> CANCEL ENTIRE PO/DO
GOMEZ CONSTRUCTION CO INC	2	C21737	POOC	Y21-737	<input type="checkbox"/> DO NOT MAIL VENDOR COPY

INCREASE, DECREASE OR DELETE COMMODITY LINE

CMDTY. LINE NO.	ACTION	PREVIOUS LINE DOLLAR AMOUNT	NEW LINE DOLLAR AMOUNT	COMMODITY LINE DESCRIPTION/COMMENTS	NET DOLLAR CHANGE
	Select Action FROM TO			Project Health Department Bu/Mops 1 & 2 Window Replacement (21055)	\$ 0.00
	Select Action FROM TO				\$ 0.00
	Select Action FROM TO				\$ 0.00

ADD COMMODITY LINE

CMDTY. LINE NO.	CMDTY. CODE	DESCRIPTION	QTY.	UNIT OF MEAS.	UNIT COST	ACCOUNTING LINE	CHANGE
2	9731504	FOR D.O. YOU MUST SPECIFY AN MA LINE Project Health Department Bu/Mops 1 & 2 Window Replacement (21055)	50000	EA	\$ 1.00	See below	\$ 50,000.00
							\$ 0.00
							\$ 0.00

FUNDING: ACCOUNTING LINE OR REPORTING CODE CHANGE

CMDTY. LINE NO.	ACCTG. LINE NO.	FROM AMOUNT	TO AMOUNT	FROM ACCOUNTING LINE	TO ACCOUNTING LINE	FROM REPORTING CODE	TO REPORTING CODE
2	1		\$ 50,000.00		1023-043-2052-3810		2100505072

ENCUMBERED/DE-ENCUMBERED (REQUIRED FOR ALL TRANSACTIONS)

ORIGINAL PO/DO AMT.	NET DOLLARS PREVIOUS C/O	NET DOLLARS FOR THIS C/O	DOCUMENT TOTAL AFTER THIS C/O	OTHER CHANGES:
\$ 12,100,000.00	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> SUBTRACT \$ 1,398,693.49	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> SUBTRACT \$ 50,000.00	\$ 2,658,693.49	DESCRIBE

CONTRACT AMOUNT

AWARD AMOUNT	NET DOLLARS PREVIOUS C/O	NET DOLLARS FOR THIS C/O	CONTRACT TOTAL AFTER THIS C/O
\$ 2,492,015.00	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> SUBTRACT \$ 116,678.49	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> SUBTRACT \$ 50,000.00	\$ 2,658,693.49

Add 139 days.
Revised Substantial Completion: 01/17/24
Revised Final Completion: 02/17/24

JUSTIFICATION (REQUIRED FOR ALL TRANSACTIONS)

Construction services to complete the project.

By signing this agreement, the Contractor hereby releases the County, its agents and employees from any and all liabilities under this contract for further equitable adjustments and/or claims associated with this change order.

VENDOR/ CONTRACTOR AUTHORIZATION

DATE:

7/11/2024

DEPARTMENT APPROVAL SIGNATURE

DATE:

7/10/24

OFFICIAL PROCUREMENT DIVISION USE ONLY

PROCUREMENT APPROVAL:

DATE:

ADD THE FOLLOWING TEXT TO PO/DO:

TRACK CHANGES: YES NO

CHANGE AWARD AMOUNT TO :