CITY OF NEW YORK

Agency Design and Construction (DDC) Unit/Div Structures

CONTRACT CHANGE ORDER - Form 1: Contractor Proposal

PROJECT IDENTIFICATION

Contract Title/Description: KAM Consultant Corp. Air Sampling

Contract Registration No. 20121430829	FMS Project ID: PW335AS19
Procurement Identification Number (PIN #): 8502011PW0013C	FMS Project ID Description: Air Sampling
Agency Contract No.: 20121430829	FMS Occurrence ID: See Advice of Award

CONTRACTOR / CONSULTANT INFORMATION

Contractor Name: KAM Consultant Corp.

Contractor Address: 35-40 36th Street, LIC, NY 11106

Contractor Telephone: 718-729-1997	Contractor Fax: 718-729-1876
Goods/Services Provided by this Contract (e.g., Design, Construction, CM, etc.): Consultant	If this is a Construction Contract, name of the Design Consultant:

CHANGE ORDER INFORMATION

Change Order (CO) No.: 8 or Over/Underrun(OR) No.:	Original Contract Award Amount: $375,000.00

Change Order Title: Air Monitoring for Build It Back Program

Change Order Description: Describe the work to be performed in this Contract Change (use additional pages, if necessary)

This change order is to increase the contract capacity by $1,365,180.00 to perform required air and dust wipe sampling for asbestos and lead abatement projects for the Build It Back Program. Federal Riders will also be added to the contract requirements to perform this work.

This work is federally funded by HUD. See OMB Form 3.

☐ Check if addtl page(s) is attached

Contractor Proposal	Authorized Cost
$ 1,365,180.00	$ 1,365,180.00

1. Contractor shall not proceed with this work until issued a Contract Change or otherwise directed by the Commissioner. All work begun before Contract Change is registered by the Comptroller's Office is done at the Contractor's own risk.
2. All work is subject to audit by the Department's Engineering Audit Officer and to post-audit by the Comptroller's Chief Engineer.
3. All payments for extra work must be requisitioned separately from payments for work required under the original Contract (except at Final Payments).

REGISTERED By Mana CT Date 4/26/16

AUTHORIZED SIGNATURES

CONTRACTOR APPROVAL	AGENCY APPROVAL
Submitted above is my cost proposal for the contract change. The Contractor certifies that the cost and pricing data submitted are accurate, complete and current as of this date	*The amount of this contract is approved. Payment will be made in accordance with the agreement and shall not exceed the final authorized cost. Payment may not be made prior to registration of this contract change by the Comptroller's Office*
Contractor Signature:	Authorized Signature:
Name: George Kouvaras	Name: Mark Canu
Title: President Date: 2/29/16	Title: Associate Commissioner Date: 3/1/16
Telephone No.: 718-729-1997	Telephone No.: 718-391-1391

Contractor Agrees with Authorized Cost

The Contractor agrees to perform the work described in this contract change in accordance with the final authorized cost set forth above.

Contractor Signature:

Name: George Kouvaras

Title: President Date: 2/29/16

Telephone No.: 718-729-1997

Basis of Payment

- ☐ Time & Materials
- ☐ Lump Sum
- ☒ Unit Price
- ☐ Cost Plus Fixed Fee
- ☐ Overrun/Underrun

* Authorized Signatures (DDC Employees Only) - **Structures:** <= $50,000 - Dep. Prog. Dir.; > $50,000 - Program Director; if Requirement Contract: A/C.
Infrastructure: <= $50,000 - Section Engineer; > $50,000 - Dep. Borough Director; if Requirement Contract - Assistant or Associate Commissioner.
Technical Support: Associate Commissioner or Deputy Assistant Commissioner.

Form 1 - To be completed and signed by the Agency and the Contractor
Form 2 - To be completed and signed by the Agency and, when applicable, its EAO
Form 3 - To be completed and signed by the Agency's ACCO and MOCS/CCPO (if required)

Last Revised 04/10/07

CITY OF NEW YORK

Agency Design and Construction (DDC) Unit/Div Structures

CONTRACT CHANGE ORDER - Form 2: Agency Justification

PROJECT IDENTIFICATION

Contract Title/Description: KAM Consultant Corp.
Air Sampling

Contract Registration No. 20121430829	FMS Project ID: PW335AS19
Procurement Identification Number (PIN #): 8502011PW0013C	FMS Project ID Description: Air Sampling
Agency Contract No.: 20121430829	FMS Occurrence ID: See Advice of Award

CHANGE ORDER INFORMATION

Change Order or Overrun/Underrun No.: 8	Change Order Amount: $ 1,365,180.00

Change Order Title/Abbreviated Description: Air Monitoring for Build It Back Program

Change Order Justification:

Provide below a written justification for the contract change order addressing the following: (use additional pages, if necessary)

A. State the nature and origin of the problem. Indicate trade category (e.g., electrical, plumbing, etc.)

B. Describe the work proposed by this change order, and explain why it is necessary and valid. Summarize related work in the original contract.

C. Briefly describe alternative solutions considered by the Agency to resolve the problem addressed by this Change Order and why they were rejected.

D. List and attach all necessary documentation (I.e., drawings, estimates, etc.) to support this justification.

See Attached Change Order Justification

☒ Check if addtl narrative is attached

Reason for Change: ☐ Non-Material Scope Change ☐ Design Error
☒ Administrative Change ☐ Field Condition ☐ Design Omission

If the reason for this Change Order is a design error or omission exceeding $3,000, the ACCO certifies that the Agency Legal Counsel has been notified. ☐ Yes

Original Scheduled Contract Completion Date: 3/25/15

Latest Extended Contract Completion Date: 3/25/16

Is a time extension necessary due to this Change Order? ☐ Yes ☒ No
If yes, what is the approximate number of consecutive calendar days?: CCD

Will other contracts be affected by this Change Order? ☐ Yes ☒ No
If yes, identify those that are affected:

Attach the Agency's Engineer's estimate to this form.
What is the amount?: $ 1,365,180.00

Contractor's Proposed Cost: $ 1,365,180.00	Authorized Cost: $ 1,365,180.00

AUTHORIZED SIGNATURES

AGENCY APPROVAL	EAO APPROVAL *
Agency Authorization	*Change Order Request is* ☐ *is not* ☑ *contract work:*
Authorized Signature:	Signature: J. Sodhai
Name: Mark Canu	Name: J. SODHAI
Title: Associate Commissioner Date: 3/1/16	Title: Deputy Director Date: 3/8/16
Telephone No.: 718-391-1391	Telephone No.: 718 391 1702
Prepared by:	*Authorized costs are fair and reasonable:*
Signature:	Signature:
Name: Jean M. Jean-Louis	Name:
Title: Project Manager Date: 02/02/16	Title: J. Sodhai Date: 3/8/16
Telephone No.: 718-391-3134	Telephone No.:

*EAO validation **not required** for change orders <=$25,000 (**EXCEPT** no-cost, credit, and CM/REI COs from allowance transfers/changes to basic fee). Cost review **not required** for COs <=$50,000 except as noted above. Cost review for 100% T&M required only when ODC approval necessary.

Form 1 - To be completed and signed by the Agency and the Contractor

Form 2 - To be completed and signed by the Agency and, when applicable, its EAO

Form 3 - To be completed and signed by the Agency's ACCO and MOCS/CCPO (if required)

Last Revised 04/10/07

CITY OF NEW YORK
DEPARTMENT OF DESIGN AND CONSTRUCTION

CHANGE ORDER JUSTIFICATION*

CONTRACT REG. # 20121430829 DISCOVERY NO. 8 CHANGE ORDER # 8

JUSTIFICATION OF WORK. Provide below a written justification for the contract change order addressing the following: A. State the nature and origin of the problem. Indicate trade category (e.g., electrical, plumbing, etc.) B. Describe the work proposed by this change order and explain why it is necessary and valid. Summarize related work in the original contract. C. Briefly describe alternative solutions considered by the Agency to resolve the problem addressed by this change order and why they were rejected. D. List and attach all necessary documentation (i.e., drawings, estimates, etc.) to support this justification.

Check here if additional page attached: ☐

This change order is to increase the contract capacity by $1,365,180.00 to perform air and dust wipe sampling for asbestos and lead abatement projects in accordance with federal, state and NYC regulations. This change order is federally funded through HUD and Federal Riders will be added to this contract in compliance with HUD requirements.

Description The cost estimate below is based upon what was provided by the BIB Program. The BIB Program estimated that DDC will manage 1,700 homes and it has been our experience that at least 20% of the homes will undergo abatement. Consequently, DDC estimates that about 340 asbestos/lead projects will require sampling.

CONTRACT RATES

Task 1-Project Monitoring

	Unit Rate	Estimated of Days	Hours	Quantity	Cost
Project Monitor	$40.00	180	108	19,440	$777,600.00
				Subtotal:	**$777,600.00**

Task II-Project Management

	Unit Rate	Estimated of Days	Hours	Quantity	Cost
Project Manager	$50.00	50		1,555	$77,760.00
				Subtotal:	**$77,760.00**

Task III-Laboratory Analysis	**Unit Rate**	**Estimated of Days**	**Hours/Samples**	**Quantity**	**Cost**
PCM Samples (2H TAT)	$16.00			$19,440	$311,040.00
PCM Samples (12H TAT)	$8.00			4,860	$38,880.00
LEAD WIPE Samples (RUSH TAT)	$15.00			1,000	$15,000.00
				Subtotal:	**$364,920.00**

ALLOWABLE EXPENSE

Task IV Labor based on Allowable Expense

	Unit Rate	Estimated of Days	Hours/Samples	Quantity	Cost
Total Hours Worked **(Investigator/Inspector)**	$49.00			1600	$78,400.00
Total Hours Worked **(Investigator Assistant)**	$20.00			400	$8,000.00
				Sub total:	**$86,400.00**

Task IV-Laboratory Analysis Based on Allowable Expense

	Unit Rate	Estimated of Days	Hours/Samples	Quantity	Cost
PLM Friable Samples	$5.00			500	$2,500.00
PLM NOB Samples	$16.00			500	$8,000.00
TEM NOB Samples	$50.00			500	$25,000.00
XRF Testing	$200.00			100	$20,000.00
LEAD PAINT Samples	$6.00			500	$3,000.00
				Subtotal:	**$58,500.00**

GRAND TOTAL $1,365,180.00

Stephen Malone
ACCO Signature

3/3/16
Date

***Note:** This form must be attached to the Contract Change Order - Form 2: Agency Justification