



CHANGE ORDER FORM FORT BEND COUNTY ENGINEERING

Distribution:

- ☒ FBC Engineering
- ☒ FBC Judge
- ☒ FBC Purchasing
- ☒ Contractor
- ☒ Consultant

Address: 301 Jackson Street Richmond, Texas 77469
Phone: 281-633-7500
Web site: www.FortBendCountyTx.gov

PROJECT:

Humphrey Way (x9)

CONTRACTOR:

Triple B Services, LLP

820 Old Atascocita Rd

The contract is changed as follows:

Balancing Change Order

CHANGE ORDER NUMBER 3

DATE 06/24/2021

PROJECT NUMBER x9

BID NUMBER 20-087

CONTRACT DATE 06/23/2020

FBC PURCHASE ORDER NO.. 190570

Not valid until signed by Fort Bend County.

The Original (Contract Sum)	\$ 649,048.20
The (Contract Sum) Prior to this Change Order was.....	\$ 658,307.54
The (Contract Sum) will be <input type="checkbox"/> increased or <input checked="" type="checkbox"/> decreased or <input type="checkbox"/> unchanged	
by this Change Order in the amount of	\$ -23,964.20
The new (Contract Sum) including this Change Order will be	\$ 634,343.34
The Contract Time will be <input type="checkbox"/> increased or <input type="checkbox"/> decreased or <input checked="" type="checkbox"/> unchanged by.....	0 Days
The Contract End Date as of this Change Order therefore is	
<input type="checkbox"/> changed or <input checked="" type="checkbox"/> unchanged to.....	01/11/2021

Authorized:

Fort Bend County Judge
Honorable KP George
301 Jackson St.,
Richmond, Texas 77469

By: _____

(Signature)

County Judge KP George

DATE: _____

7.13.2021



CHANGE ORDER FORM FORT BEND COUNTY ENGINEERING

Project Code	x9	Report Run Date	07/01/2021
Project Name	Humphrey Way (x9)	Change Order Date	06/24/2021
Contract Number	CN-1	Original Contract Amount	649,048.20
Contractor	Triple B Services, LLP	Current Contract Amount	658,307.54
Change Order Number	3	Net Change This Order	-23,964.20
Short Description	Balancing Change Order	Contract Amount After Change	634,343.34

Container	Line No.	Item Description	Unit	Quantity	Unit Price in \$	Amount in \$
Construction	Construction					
	12	Trench safety system (5 to 10 feet)	LF	-177.0000	0.10	-17.70
	13	Trench safety system (10 to 15 feet)	LF	-95.0000	0.10	-9.50
	18	30-inch Corrugated Metal Pipe (CMP)	LF	-6.0000	91.00	-546.00
	35	Type I Refl. Pav Mark., White, 24" Wide	LF	65.0000	6.00	390.00
	42	Stabilized Construction Access (Type I - Rock)	SY	-267.0000	18.00	-4,806.00
	45	Extra Hand Excavation	CY	-100.0000	15.00	-1,500.00
	46	Extra Machine Excavation	CY	-100.0000	10.00	-1,000.00
	47	Extra Placement of Backfill Material	CY	-100.0000	15.00	-1,500.00
	48	Extra Cement Stabilized Sand (1.5 Sack/TON)	CY	-75.0000	25.00	-1,875.00
	49	Well Pointing	LF	-500.0000	25.00	-12,500.00
	50	Off-Duty Uniformed Local Law Officers	HRS	-24.0000	25.00	-600.00
	Container Total					-23,964.20
	Grand Total					-23,964.20

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Triple B Services, LLP
HUFFMAN, TX United States

Certificate Number:
2021-773045

Date Filed:
06/30/2021

Date Acknowledged:
07/13/2021

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

B20-062 Change Order No. 3
Construction of Humphrey Way Roadway & Drainage Improvements from Braxton Rd to Texas 541 Loop

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Burke, Keith	Huffman, TX United States	X	
	Burke, Kevin	Huffman, TX United States	X	

5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)