



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:

Sims Road (17119x)

CONTRACTOR:

Triple B Services, LLP
820 Old Atascocita Rd

The contract is changed as follows:

Milling/Overlay (1-1/2") on existing Sims Rd. & Adjust Excavation Quantities

CHANGE ORDER NUMBER 1

DATE 07/14/2021

PROJECT NUMBER 17119x

BID NUMBER B21-056

CONTRACT DATE 03/09/2021

FBC PURCHASE ORDER NO.. 198402

Not valid until signed by Fort Bend County.

The Original (Contract Sum).....	\$ 920,989.00
The (Contract Sum) Prior to this Change Order was.....	\$ 920,989.00
The (Contract Sum) will be <input checked="" type="checkbox"/> increased or <input type="checkbox"/> decreased or <input type="checkbox"/> unchanged	
by this Change Order in the amount of.....	\$ 77,026.00
The new (Contract Sum) including this Change Order will be	\$ 998,015.00
The Contract Time will be <input checked="" type="checkbox"/> increased or <input type="checkbox"/> decreased or <input type="checkbox"/> unchanged by.....	85 Days
The Contract End Date as of this Change Order therefore is	
<input checked="" type="checkbox"/> changed or <input type="checkbox"/> unchanged to.....	01/15/2022

Authorized:

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

By: _____

(Signature)

County Judge KP George

DATE: _____

9.14.2021



CHANGE ORDER FORM

FORT BEND COUNTY ENGINEERING

Project Code	17119x	Report Run Date	09/02/2021
Project Name	Sims Road (17119x)	Change Order Date	07/14/2021
Contract Number	CN-1	Original Contract Amount	920,989.00
Contractor	Triple B Services, LLP	Current Contract Amount	920,989.00
Change Order Number	1	Net Change This Order	77,026.00
Short Description	Milling/Overlay (1-1/2") on existing Sims Rd. & Adjust Excavation Quantities	Contract Amount After Change	998,015.00

Container	Line No.	Item Description	Unit	Quantity	Unit Price in \$	Amount in \$
No Container	No Container					
	52	Increased Traffic Control, Remobilization, & Overhead for Milling Change	LS	1.0000	25,000.00	25,000.00
	Container Total					25,000.00
Construction	Construction					
	12	Lime Treatment (8" Depth)	SY	4000.0000	3.75	15,000.00
	13	Hydrated Lime (Slurry) or Commercial Lime Slurry	TON	25.0000	215.00	5,375.00
	19	Detention Basin Excavation	CY	850.0000	4.50	3,825.00
	4	Remove Excavation Including 3" Topsoil	CY	566.0000	11.00	6,226.00
	42	Traffic Control-Barricades, Barriers, Barrels, Cones, and Signing	MONTHS	3.0000	1,200.00	3,600.00
	51	SWPPP Inspection And Maintenance (Min. Bid - \$6000)	MONTHS	3.0000	6,000.00	18,000.00
	Container Total					52,026.00
	Grand Total					77,026.00

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:
2021-797765

Date Filed:
09/01/2021

Date Acknowledged:
09/14/2021

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.

B21-056
Construction of Realignment of Sims Road from 1500 Feet West of TX Spur 10 to cottonwood School Road Bond Project 17119x

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