INFORMATION SHEET 03/10/2020 TRUSTEES' MEETING

ATTACHMENT: 4.4

TO: Jim Bridges, Superintendent

FOR: Board of Trustees

FROM: Dena Whittington, CFE

ISSUE: Hawkins Office Remodel –Haggerty Change Orders

Attached is an all-inclusive Change Order document from Haggerty Construction. This document outlines all the changes we've had on the project. The below chart shows the individual changes:

CHANGE ORDERS			
ORDER #	AMOUNT	CONTRACT	CONTRACT
		$665,591.38	
001	$2,117.96		$667,709.34
002	$13,116.05		$680,825.39
003	$0.00		$680,825.39
004	$1,269.00		$682,094.39
005	$13,168.17		$695,262.56
006	-$2,058.30		$693,204.26
Increases	$29,671.18		
Decreases	-$2,058.30		

DSA 168

STATEMENT OF FINAL ACTUAL PROJECT COST

To be filed by the owner upon completion of construction, as required by the California Code of Regulation (CCR),Title 24, Part 1, Section 4-339, or CCR Sections 5-105 and 5-107 for access compliance projects.

Owner/School District: Jefferson School District	DSA File #: 39 - 39
Project Name/School: Tom Hawkins Elementary School	DSA App. #: 02 - 117236
Scope of Work: Alterations to 1-Administration Building	

Was any scope or any element from the original approved construction documents not constructed? ☐ Yes ☒ No
Did the construction documents include any alternate designs that were not constructed? ☐ Yes ☒ No

FOR LINES 1, 2, 3, 4 AND 6 ..... ENTER COST AMOUNTS AS A POSITIVE NUMBER OR ZERO.
FOR LINE 5 ..... ENTER COST AMOUNT AS A NEGATIVE NUMBER OR ZERO.

If spaces below are left blank, this form will be considered incomplete.

1.	Total original construction contract amount (exclude allowances/contingencies)	$	665,591.38
2.	Total **increases** to contract amount (change orders & used allowances/contingencies)	$	29,671.18
3.	Total construction management amount	$	0.00
4.	**Project cost for DSA fee reconciliation** ***(Sum of lines 1, 2, and 3)***	**$**	695,262.56
5.	Total **decreases** to contract amount (deductive change orders)	- $	-2,058.30
6.	Final actual project cost *(Sum of lines 4 and 5)*	$	693,204.26

DISTRICT/OWNER CERTIFICATION:

The person signing this form must be one of the following or hold a district / owner equivalent position: School District Superintendent; College Chancellor; Chief Business Officer or Chief Financial Officer.

I certify, under penalty of perjury, under the laws of the State of California, that the information reported on this form is true and correct.

I certify that the documentation supporting the information reported on this form is available at the district's/owner's office for review upon request by the Division of the State Architect (DSA).

Signature of Owner: *(see note above)* _____ Date: 2/4/2020

Print Name: Jim Bridges Title: Superintendent

Email: jbridges@jsdtracy.com Phone #: (209) 836-3388

Mailing Address: 1219 Whispering Wind Dr.

City: Tracy State: CA ZIP: 95377

Submit completed form to the DSA Regional Office with construction oversight authority for the project.

☐ DSA OAKLAND 1515 Clay Street, Suite 1201 Oakland, CA 94612	☒ DSA SACRAMENTO 1102 Q Street, Suite 5200 Sacramento, CA 95811	☐ DSA LOS ANGELES 700 N. Alameda Street, Suite 5-500 Los Angeles, CA 90012	☐ DSA SAN DIEGO 10920 Via Frontera Rd., Suite 300 San Diego, CA 92127