



## Regional Transit Authority

### Change Order Routing Sheet

INSTRUCTION: The user department is responsible for providing the information requested below (all parts), securing the requisite signatures, attaching a justification for the change order, and providing a responsibility determination, with pertinent contact information.

A. Department Representative to participate in procurement process:

<b>Darwyn Anderson</b>	<b>Chief Human Resources Officers</b>	<b>8409</b>
<b>Name</b>	<b>Title</b>	<b>Ext.</b>

B. Contract No.: 8930241

Contract Title and PO No: TruView (Background Services) 912785-000

C. Contract History:

Original Award Value	\$ <u>12,300.00</u>
Previously Executed Change Orders Value	\$ <u>0</u>
Adjusted Contract Value (Prior to Requested Change Order)	\$ <u>12,300.00</u>
Current Change Order Value	\$ <u>97,700.00</u>
Revised Contract Value (w/current change order)	\$ <u>110,000.00</u>

D. Justification of Change Order:

Increased volume during transition of employees and new hires

E. Type of Change Requested:       Administrative       Supplemental       Termination

F. Responsibility Determination: Price determined fair and reasonable based on current contract.

G. Prime firm's DBE/SLDBE Commitment (NOTE: The Prime Firm must be notified by the Project Manager that the DBE Commitment percentage applies to the Total Contract Value after all amendments and change orders.):

\_\_\_\_\_ % DBE                      \_\_\_\_\_ % SLDBE                      \_\_\_\_\_ % Small Business

Additional Information \_\_\_\_\_

\_\_\_\_\_  
**DBE/EEO Compliance Manager**

\_\_\_\_\_  
**Date**

H. Certification of Authorized Grant:

Is this item/specification consistent with the Authorized Grant?	Yes	No
Are there any amendments pending?	Yes	No



If Yes, please attach the amendment to this Routing Sheet and explain.

\_\_\_\_\_  
**Director of Grants/ Federal Compliance**

\_\_\_\_\_  
**Date**

I. Funding Source:            Federal            State            Local            Other: \_\_\_\_\_

Funds are specifically allocated in the Department’s current fiscal year budget or in a grant to cover this expenditure as follows:

Total Funding Available	\$ _____
Previous Cost	\$ _____
Revised Projected Cost	\$ _____
FTA Grant No.(s)	_____
Line Item(s)	_____
Operations/Department Code	_____
Budget Code(s)	_____
Other	_____

\_\_\_\_\_  
**Budget Analyst**

\_\_\_\_\_  
**Date**

J. \_\_\_\_\_

**Safety**

\_\_\_\_\_  
**Date**

K. Authorizations:

\_\_\_\_\_  
**Department Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Division Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Procurement**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chief Financial Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chief Executive Officer**

\_\_\_\_\_  
**Date**