



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.

Date Created	March 5, 2025
Change Order ID	343

A. Department Representative to participate in procurement process.

Name: LANG, JESSICA
Title: ADMINISTRATIVE ANALYST FINANCE
Ext: 8436

B. Contract Information:

Contract Number	RFQ2019-021
PO Number	912678
Contract Title	New Orleans Regional Transit Authority Financial Statement Audit, Single Audit, Statewide Agreed-Upon Procedures, and National Transit Database Agreed-Upon Procedures for the year ended December 31, 2024. (RFQ2019-021)

Contract-History:

Original Award Value	710000
Previously Executed Change Order Value	75000
Adjusted Contract Value	785000
Current Change Order Value	157524
Revised Contract Value	942524

C. Justification of Change Order

Resubmission w/Corrected Previously Executed Change Order Value \$75K:

The change order request is for \$175,450.00 (per AP \$17,926.35 available on previous PO); \$157,524.00 is the newest changer order requested amount.

New Orleans Regional Transit Authority Financial Statement Audit, Single Audit, Statewide Agreed-Upon Procedures, and National Transit Database Agreed-Upon Procedures for the year ended December 31, 2024. (RFQ2019-021)

D. Type of Change Request: Administrative

E. Certification of Authorized Grant:

Is this item/specification consistent with the Authorized Grant?	
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Are there any amendments pending?	
If yes see explanation (attachments are in the SharePoint folder for this request)	

Director of Grants/ Federal Compliance:
 Signature:
 Date:

F. Safety, Security, And Emergency Management: Include Standard Safety Provisions Only:

Additional Safety Requirements Attached: *false*

Chief: *Michael J Smith*
 Signature: *Michael J Smith*
 Date: *March 06 2025*

Risk Management:

Include Standard Insurance Provisions Only?	<i>No</i>
Include Additional Insurance Requirements Attached ?	<i>false</i>

Risk Management Analyst: *Marc L Popkin*
 Signature: *Marc L Popkin*
 Date: *March 06 2025*

G. Funding Source:

Independent Cost Estimate (ICE): *\$0.00*
 Projected Total Cost: *\$157,524.00*
 Funding Type: *Local*

Federal Funding	State	Local	Other
		<i>\$157,524.00</i>	
Projected Fed Cost	State	Local	Other
		<i>\$157,524.00</i>	

FTA Grant IDs	Budget Codes
	<i>01-5100-02-7060-171-89-00-00000-00000</i>

Capital Project Approval if required signature ID#:
 Dir Capital Projects:
 Signature:
 Date:



Budget Analyst: Divya Prem
Signature: *Divya Prem*
Date: March 05 2025

H. 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 % Goal	0
SLDBE % Goal	0
SBE % Goal	0

Director of Small Business Development: Adonis Charles Expose'
Signature: *Adonis Charles Expose'*
Date: March 06 2025

DBE/EEO Compliance Manager: Adonis Charles Expose'
Signature: *Adonis Charles Expose'*
Date: March 06 2025

I. Authorizations: I have reviewed and approved the final solicitation document.

Department Head: Gizelle Johnson-Banks
Signature: *Gizelle Johnson-Banks*
Date: March 05 2025

Chief: Gizelle Johnson-Banks
Signature: *Gizelle Johnson-Banks*
Date: March 05 2025

Director of Procurement: Ronald Baptiste
Signature: *Ronald Baptiste*
Date: March 06 2025

Required if Total Cost above \$15K
Chief Financial Officer: Gizelle Johnson Banks
Signature: *Gizelle Johnson Banks*
Date: March 06 2025

Required if Total Cost above \$50K
Chief Executive Officer: Lona Edwards Hankins
Signature: *Lona Edwards Hankins*
Date: 3/6/2025 7:06 PM