



## 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	August 7, 2025
Change Order ID	385

### A. Department Representative to participate in procurement process.

Name: JENKINS, SHALOME  
Title: DRUG & ALCOHOL COORDINATOR  
Ext: 8375

### B. Contract Information:

Contract Number	RFP 2024019
PO Number	RTAP_00827
Contract Title	Drug and Alcohol Testing Services

### Contract-History:

Original Award Value	95000
Previously Executed Change Order Value	
Adjusted Contract Value	95000
Current Change Order Value	155000
Revised Contract Value	250000

### C. Justification of Change Order

The Drug and Alcohol Department is formally requesting the approval process which is to satisfy the balance of our current initial 2-year contract. The first year of the contract was valued at \$95,000, and we are requesting the remanding balance of 155,000 to solidify our initial 2-year contract in which we are still in.

This request also includes an increase to our budget allocation for FTA Drug and Alcohol Testing due to both fluctuations in testing needs and increased service rates. Throughout the year, testing volumes and associated costs can vary significantly based on operational incidents, staffing changes, and regulatory compliance requirements. These factors include:

Post-Accident Tests (daytime and after-hours rates)

Reinstatement testing

90-Day Return to Work drug tests

New Hire DOT and Non-DOT drug tests



Over 500 Random Tests annually (daytime and after-hours)

Wait Time Fees

Reasonable Suspicion Tests (daytime and after-hours)

Follow-Up Tests (per SAP recommendations)

Retesting for Negative Dilute results

Quarterly Statistical Pulls for compliance tracking

Yearly FTA Audit Support

Yearly MIS Audit Reports

The original pricing, established in prior years, no longer reflects current market rates. In addition, the unpredictable nature of certain events—such as post-accident or after-hours testing—can significantly impact monthly invoices, making it difficult to accurately forecast annual totals.

To maintain compliance with FTA regulations and ensure the integrity of our federally mandated Drug and Alcohol Program, we must have sufficient funding to accommodate these variances. Therefore, I am requesting the allocation of additional funds, with the understanding that final costs will depend on the number of incidents and compliance events that occur during each year of the extended contract.

**D. Type of Change Request:** Administrative

**E. Certification of Authorized Grant:**

Is this item/specification consistent with the Authorized Grant?	
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: August 29 2025

**Risk Management:**



Include Standard Insurance Provisions Only?	No
Include Additional Insurance Requirements Attached ?	false

Risk Management Analyst: **Marc L Popkin**

Signature: *Marc L Popkin*

Date: **August 29 2025**

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#### G. Funding Source:

Independent Cost Estimate (ICE): **\$250,000.00**

Projected Total Cost: **\$250,000.00**

Funding Type: **Local**

Federal Funding	State	Local	Other
		<b>\$250,000.00</b>	
Projected Fed Cost	State	Local	Other
		<b>\$250,000.00</b>	

FTA Grant IDs	Budget Codes
	<b>01-7700-02-7110-167-00-00-00000-00000</b>

Capital Project Approval if required signature ID#:

Dir Capital Projects:

Signature:

Date:

Budget Analyst: **Erin Ghalayini**

Signature: *Erin Ghalayini*

Date: **August 29 2025**

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#### 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	<b>0</b>
SLDBE % Goal	<b>0</b>
SBE % Goal	<b>100</b>

Director of Small Business Development: **Adonis C Expose**

Signature: *Adonis C Expose*

Date: **August 29 2025**



**DBE/EEO Compliance Manager** **Adonis C Expose**

**Signature:** *Adonis C Expose*

**Date:** **August 29 2025**

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

**Department Head:** **Michael J Smith**

**Signature:** *Michael J Smith*

**Date:** **August 28 2025**

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**Chief:** **Michael J Smith**

**Signature:** *Michael J Smith*

**Date:** **August 29 2025**

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**Director of Procurement:** **Ronald Gerard Baptiste**

**Signature:** *Ronald Gerard Baptiste*

**Date:** **September 02 2025**

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**Required if Total Cost above \$15K**

**Chief Financial Officer:** **Gizelle Johnson Banks**

**Signature:** *Gizelle Johnson Banks*

**Date:** **September 04 2025**

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**Required if Total Cost above \$50K**

**Chief Executive Officer:** **Lona Edwards Hankins**

**Signature:** *Lona Edwards Hankins*

**Date:** **9/4/2025 7:00 PM**