



CITY OF FLAGSTAFF

- CONFIRMING CHANGE ORDER NO. _____
- DESIGN CONTRACT CHANGE ORDER NO. _____
- CONSTRUCTION CONTRACT CHANGE ORDER NO. _____
- CONTRACT ALLOWANCE UPDATE NO. _____

PROJECT NO. _____ PROJECT NAME: _____

FILE NO. _____ PROJECT MANAGER: _____

FIRM NAME: _____

Purchase Order Number:		Line Number:		Amount
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Change Order originated by: CITY OF FLAGSTAFF CONTRACTOR DESIGN FIRM OTHER: _____

DETAILED DESCRIPTION:

JUSTIFICATION:

TIME ANALYSIS:

COST ANALYSIS:

CITY OF FLAGSTAFF		PROJECT STATUS FORM		
PROJECT NAME:		<input type="checkbox"/> Design <input type="checkbox"/> Construction <input type="checkbox"/> Other		
PROJECT NO.		FILE NO.		
ACCT. NO. _____		%		
ACCT. NO. _____		%		
COUNCIL APPROVAL DATE:		ORIGINAL CONTRACT AMOUNT:		
PROJECT BUDGET (FY_____)		PROJECT BUDGET (FY_____)		
NOTICE TO PROCEED DATE:		ORIGINAL CONTRACT PERIOD (calendar days):		
ORIGINAL COMPLETION DATE:		ORIGINAL CONTRACT ALLOWANCE:		
DESIGN FIRM:				
Change Orders	C.O. Amount	C.O. Days	Start Date	REASON FOR CHANGE
Revision Date	New Total	New Total	New Comp. Date	
1				
2				
3				
4				
5				

COMMENTS: The allocations shown above are inclusive of all Change Orders shown. If there are more than 5 Change Orders, please request a separate form from Purchasing that includes additional spaces. Thank you!

	END DATES		
ORIGINAL CONTRACT PERIOD	_____ Days	(_____)	ORIGINAL CONTRACT \$ _____
PRIOR TIME CHANGES	_____ Days	(_____)	TOTAL PRIOR VALUE CHANGES \$ _____
THIS TIME CHANGE	_____ Days	(_____)	VALUE OF THIS CHANGE \$ _____
NEW CONTRACT PERIOD	_____ Days	(_____)	NEW CONTRACT \$ _____



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3 _____

PROJECT NO. 3520 **PROJECT NAME:** Downtown Mile

FILE NO. 03-23016 **PROJECT MANAGER:** Christine Cameron

SIGNATURES

SUBMITTER

Project Manager 10/27/24 **Approved Signature** Christine Cameron
Date

Department Head 10/25/2024 **Approved Signature** 
Date Digitally signed by Paul Mood Date: 2024.10.25 13:52:56 -07'00'

COMMITTEE

Water Services _____ **Approved Signature** _____
Date

Public Works _____ **Approved Signature** _____
Date

City Engineering _____ **Approved Signature** _____
Date

City Attorney _____ **Approved Signature** _____
Date

Finance _____ **Approved Signature** _____
Date

Purchasing (Chair) _____ **Approved Signature** _____
Date

EXECUTIVE

City Manager _____ **Approved Signature** _____
Date

Council Meeting Date (if required) _____ **Council Approved?** Yes No

We have given careful consideration to the proposed and hereby agree, if this proposal is approved, that we will provide all equipment, furnish all materials, and perform all services necessary for the work specified.

FIRM NAME: WSP **Signature:** 

Date: 10/22/2024 **Print Name and Title:** Joy Melita, Senior Vice President