

DEPARTMENT

City Comptroller

Law **CAFO** Mayor

Community Development

Contract 20210736
Amendment#1

DATE FORWARDED TO NEXT DEPT.

Date

Initials

MG

City of Springfield Contract Tracer Document

The purpose of this document is to provide continuous responsibility for the custody of CONTRACTS during the processing period.

> DATE RECEIVED **Initials**

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the contract, please initial and date in the forwarding section and deliver to the next department.

Date

City Comptroller					
Community Development		19			
			191		
				, , , , , , , , , , , , , , , , , , ,	
	ntract No.: 202 Ameudmea		ract Date:	05/19/2021	
Contract Amt.: \$55,606.5		e: 12/06/2021	Renewa	l Date:	
Appropriation Code1: 264	51815-53010	5-61516 \$ 19 20	17 50 in	csease	
Appropriation Code2:	-51015-55010	3-04310 Q · 1/0		C-C-GC	
Appropriation Code3:					
Appropriation Code4:					
Transfer of the state of the st					
Description of Funding So	ource: CDBG-	-NDR			
Bid No.:	Requisition	on No.: 21014983	PO No.:	21012919	
Vendor Name: Diane Orso	on				
Contract Type: Healthy H	omes (Investo	or Owner)			
Controlled and					
Contract Purpose: Renova	tion of 54-56	Dexter St.			
	251				
Originating Dept.: Office	of Disaster Re	ecovery and Comp	liance		
Expiration Date: 07/19/20	26 Amendme	ent Date: 10/29/20	21 I	Extension Date:	
TYPE OF DOCUMENT (Pleas	e select at least (one).			08
□ New □ Renewal	Amendn		tension		

AMENDMENT TO HEALTHY HOMES REHABILITATION PROGRAM AGREEMENT (CONTRACT #20210736)

AGREEMENT, made the <u>29</u> day of <u>october</u>, <u>2021</u> by and between <u>Diane Orson aka Diane Greco</u> with an address of <u>158 Feeding Hills Road</u>, <u>Southwick</u>, <u>Massachusetts</u> (hereinafter referred to as the "<u>Borrower</u>") and the <u>City of Springfield</u>, through its Office of Disaster Recovery, with the approval of its Mayor (hereinafter referred to as the "<u>City</u>") regarding the rehabilitation of the property at <u>54-56 Dexter Street</u>, <u>Springfield</u>, <u>Massachusetts</u>.

WHEREAS, the City and the Borrower wish to amend the rehabilitation amount within the existing Agreement;

NOW, THEREFORE, the parties hereto agree that their Agreement dated May 19, 2021 shall be amended as follows:

- 1. <u>Increasing</u> the original contract amount of \$36,309.00 (<u>Thirty Six Thousand Three Hundred Nine 00/100 Dollars</u>) as identified in the original agreement as Exhibit A Project Budget, to an amended total of \$55,606.50 (<u>Fifty Five Thousand Six Hundred Six 50/100 Dollars</u>) as identified in this amended agreement as Exhibit A Final Project Budget.
- 2. All other terms and conditions remain the same.

12/1/21

IN WITNESS WHEREOF, the Borrower and this 29th day of 6(tober, 2021)	he City have executed this Amendment on
BORROWERS:	CKTY OF SPRINGFIELD
Wign Crus	OLN L
Diane Orson aka Diane Greco	Office of Disaster Recovery

26451815-530105-64516 \$ 19,297.50 increose

Approved as to Appropriation:

Approved as to Form:

Office of Comptroller

Law Department

APPROVED:

APPROVED:

Chief Administrative & Financial Officer

Domenic J Sarno, May

City of Springfield Healthy Homes Program

Rehabilitation Loan Agreement (Amendment) <u>List of Exhibits</u>

Healthy Homes Rehabilitation Program Agreement Amendment

Exhibit A - Project Budget

Exhibit B – Amended Mortgage

Exhibit C – Amended Promissory Note

<u>Exhibit A</u>

Healthy Homes Rehab Project Budget

Homeowner/Borrower: Diane Orson

Project Address: <u>54-56 Dexter Street</u>

Project Budget	Amount
Repair/Rehab	\$58,350.00
Lead Abatement	\$0.00
Lead Services	\$0.00
Relocation	\$0.00
Legal Fees	\$730.00
NAI Plotkin	\$2,600
Final Recording	\$105.00
Project Total	\$61,785.00
Owner's 10% (Project	
Total)	\$6,178.50
Total	\$55,606.50

MORTGAGE AMENDMENT #1 (Contract #20210736)

AGREEMENT, made as of the **29** day of **October**, 2021 by and between <u>Diane</u> Orson aka Diane Greco, hereinafter referred to as "Mortgagor", of 158 Feeding Hills Road, Southwick, Hampden County, Massachusetts, and the City of Springfield, a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with the approval of its Mayor, hereinafter referred to as the "Mortgagee".

WHEREAS an existing Mortgage, dated <u>May 19, 2021</u>, granting a security interest in the property known as <u>54-56 Dexter Street</u>, Springfield, Massachusetts, is recorded at the Hampden County Registry of Deeds in Book <u>23900</u> Page <u>585</u>. Said Mortgage expressly states an indebtedness in the principal amount of "<u>Thirty Six</u> Thousand Three Hundred Nine <u>00/100</u> (\$36,309.00)"

WHEREAS the Mortgagee and the Mortgagor have since amended the Promissory Note (See Schedule A) by <u>increasing</u> the amount borrowed to a total amount of <u>Fifty Five Thousand Six Hundred Six 50/100 Dollars</u> (\$55,606.50).

WHEREAS the Mortgagee seeks further security in the property to reflect total amount loaned to the Mortgagor,

NOW THEREFORE, the Mortgagor and Mortgagee hereto agree that the total indebtedness evidenced hereby is <u>Fifty Five Thousand Six Hundred Six 50/100 Dollars</u> (\$55,606.50) Dollars

All other terms and conditions contained in the Mortgage instrument dated May 19, 2021, recorded May 25, 2021 in the Hampden County Registry of Deeds in Book 23900, Page 585 remain the same and are incorporated herein by reference.

IN WITNESS WHEREOF, The Mortgagor and the Mortgagee have executed this Agreement on this 24 day of 00/16/60, 2021.

SIGNATURES APPEAR ON FOLLOWING PAGE

Witness	Dominic J. Sarno - Mayor City of Springfield
	Mortgagee
COMMONV	VEALTH OF MASSACHUSETTS
HAMPDEN, SS.	
evidence of identification, which we the person whose name is signed of	y 2021, before me, the undersigned notary public, y. O (so); proved to me through satisfactor was (x # 534182546 . , to on the preceding or attached document, and ned it voluntarily for its stated purpose.
	Notary Public, Manicely Ve W
	Notary Public, Man'cely Ve 10' My Commission Expires: May 24,2
COMMONW	Notary Public, Manicely Ve K' My Commission Expires: May 24,2
COMMONW HAMPDEN, SS.	J

SCHEDULE A – PROMISSORY NOTE

FIRST AMENDMENT TO PROMISSORY NOTE

(City)

THIS FIRST AMENDMENT TO PROMISSORY NOTE (this "Amendment") is executed as of the <u>29</u> day of <u>6(+06e)</u>, 2021, by and between THE CITY OF SPRINGFIELD, (the "City"), and <u>Diane Orson aka Diane Greco</u>, (the "Borrower").

RECITALS

- A. The Borrower executed a Promissory Note, payable to the City, as of May 19, 2021 (the "Note").
- B. A change order, agreed upon by the Borrower and the City, will increase the borrowed amount to \$55,606.50

AMENDMENT

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Borrower and the City hereby agree as follows:

- 1. The May 19th, 2021 Promissory Note had an original principal amount of \$36,309.00 (Thirty Six Thousand Three Hundred Nine 00/100).
- 2. Due to the <u>Increased projected new costs</u>, the parties agree to <u>Increase</u> the original principal amount of the Note to \$55,606.50 (Fifty Five Thousand Six Hundred Six 50/100 Dollars).

This Note will continue to be secured by a Mortgage (and amendment) duly filed for record at the Hampden County Registry of Deeds.

3. All other terms and conditions contained in the original Promissory Note dated May 19, 2021 remain unchanged.

IN WITNESS WHEREOF, this First Amendment to Promissory Note has been duly executed by the undersigned as of the date and year first above written.

SIGNATURES APPEAR ON FOLLOWING PAGE

BORROWER: Diane Orson aka Diane Greco By: Diane Orson aka Diane Greco CITY: By: Domenic J. Sarno - Mayor COMMONWEALTH OF MASSACHUSETTS HAMPDEN, SS On this 29 day of 20 day, before me, the undersigned Notary Public, personally appeared the above-named 20 day, 20 proved to me through satisfactory evidence of identification, which was ICS 3482546 to be the person whose name is signed on the preceding or attached document, and acknowledge that she signed it voluntarily for its stated purpose, and acknowledged to me that she executed the same as her free act and deed. Gublic Mar COMMONWEALTH OF MASSACHUSETTS HAMPDEN, SS On this ___day of _____, ____, before me, the undersigned Notary Public, personally appeared the above-named Domenic J. Sarno, proved to me through satisfactory evidence of identification, which was personal knowledge, to be the person whose name is signed on the preceding or attached document, and acknowledge that he signed it voluntarily for its stated purpose, and acknowledged to me that he executed the same as his free act and deed.

Notary Public

My Commission Expires:

#1

Office of Housing CHANGE ORDER REQUEST

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PROJECT NAME	Healthy Homes Program			
LOCATION OF WO	RK 56 Dexter St Springfield Ma	and the second section of the second		anna marana
PROJECT MANAGE	R William Brock	HOMEOWNER	Theodore Orson	
REQUESTING PART	Contractor and Homeowner	DATE OF REQUEST	7/13/2021	
ji. Santaniya 1994 ya sa Mari 1994 ya	CHANGE	REQUEST OVERVIEW		
DESCRIPTION OF CHANGES NEEDED	Describe the change. Kitchen floor, Lower kitchen cabinets included sink Item 3375 will be install wood oak	repair leaking under the to rand faucet tread and risers instead of		
REASON FOR CHANGE	Fill In reason for change order — na Kitchen floor is damage and also we	rrative as to why scope wa all cabinets are damage up	s not foreseen, etc. per and lower 	
SUPPORT & JUSTIFICATION DOGUMENTS	List all attached documents which s	upport the requested chan	ge. Justify any Increased	cost and time.
SPECIFICATIONS	Détail changes to repair specification:	ns.	٠.	
ADDITIONAL INFORMATION	Leaking repair and kitchen celling \$ Hallway and bath floor 1,500.00		Laro	chen floor
	NGE IN CONTRACT PRICE	CHANGE IN COL	VTRACT SCHEDULE (if ap	THE RESERVE OF THE PERSON NAMED IN
ORIGINAL PRICE	93,850.00 ···	ORIGINAL HIVES	and the state of	· · · · · · · · · · · · · · · · · · ·
NET CHANGES OF I	PREVIOUS 0.00	NET CHANGES OF PE		
NET INCREASE / DI	CREASE 8/200.00			
TOTAL CONTRACT	PRICE 42/050/00	TOTAL CONTRACT TO WITH APPROVED CH		
ACCEPTED BY SIGNATURE	Salva	VED BY	7/29/4	1.
HOMEOWNER NAI	SUPER	VISOR NAME Courtne		











Item 3375 question was asked, therefore change in description would be needed

#2

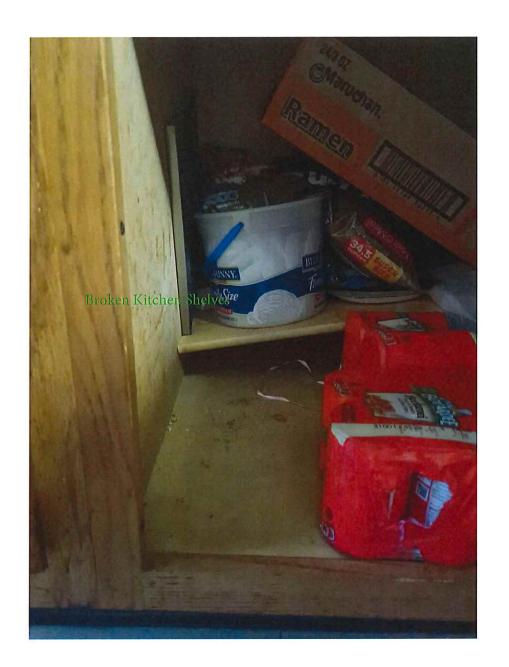
Office of Housing CHANGE ORDER REQUEST

	and the second s			
PROJECT NAME	Healthy Homes Program		يعة أواجر الحلط في المساول الم	
LOCATION OF WORK	54 Dexter St Springfield Ma		i	
PROJECT MANAGER	William Brock	HOMEOWNER	Theodore Orson	'-
REQUESTING PARTY	Contractor	DATE OF REQUEST	8/16/2021	
		•		11155

PROJECT MANAGE	Miliau piock	22.50	8/16/2021
REQUESTING PART	(ontractor	DATE OF REQUEST	9) toleon 1
WITC Supplemental	CHANGE REC	VEST OVERVIEW	
DESCRIPTION OF CHANGES	Describe the change. Kitchen floor, replayer kitchen cabinets included sink an Item 3375 will be install wood oak tre	air leaking under the tu	b. Replace top kitchen cabinets and Vinyl no extra charge for Item 3375
NEEDED	Unit-54 Dexterst	ret '	en e
REASON FOR	Fill in reason for change order – narra Kitchen floor is damage and also wall o	tive as to why scope wa cabinets are damage up	per and lower as a lesult
CHANGE	of leak.		·
SUPPORT & JUSTIFICATION	List all attached documents which sup	port the requested chan	nge. Justify any increased cost and time.
DOCUMENTS SPECIFICATIONS	Detail changes to repair specifications	 .	
		water from	gang gannapanang ar g
ADDITIONAL INFORMATION	2 Cellar windows \$700.00, Range ho Hallway and bath floor 1,500.00	od \$600.00 Kitchen cab	upper and lower \$5,500.00 Kitchen floo

	wood, apice	CHANGE IN CONTRACT SCHEL	OULE (if applicable)
' CHANGE IN CON	33,850.00	ORIGINAL TIMES	
ORIGINAL PRICE NET CHANGES OF PREVIOUS		NET CHANGES OF PREVIOUS	against and father the second against a second second of the second seco
CHANGE ORDERS	8,200	CHANGE ORDERS IN DAYS NET INCREASE / DECREASE	
NET INCREASE / DEGREASE	8,300.00	TOTAL CONTRACT TIME	
TOTAL CONTRACT PRICE WITH APPROVED CHANGES	50,350.00	WITH APPROVED CHANGES	1
ACCEPTED BY	APPROVE SIGNATUR		YUS
HOMEOWNER NAME The	SUPERVIS		Tina Quagliato- Sullivan, Director
DATE 9	17 2-1 DATE		*
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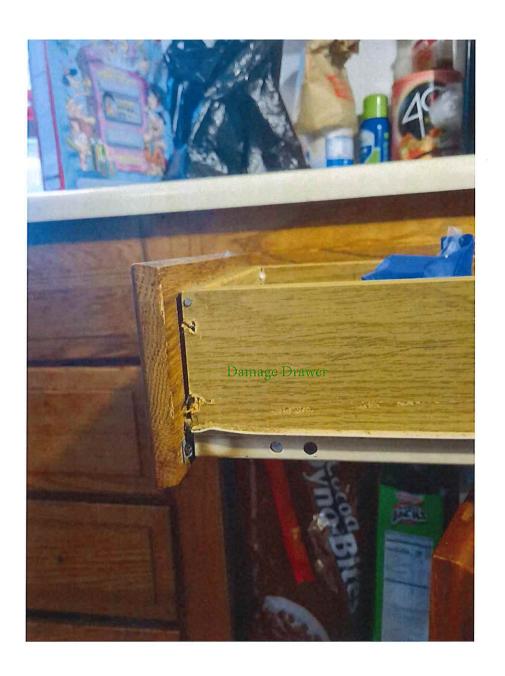






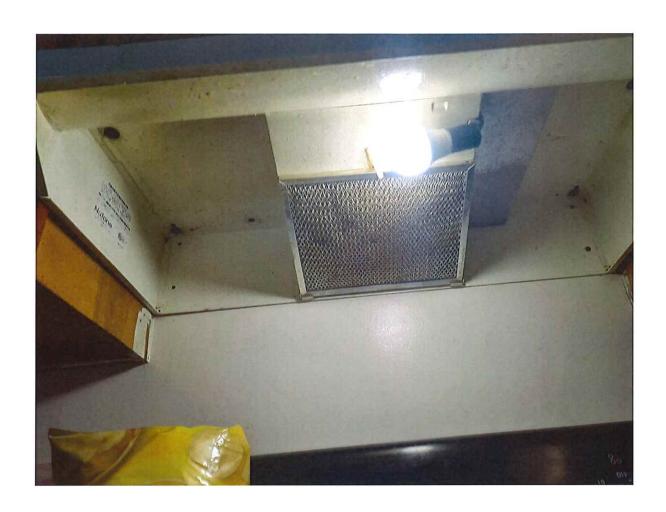


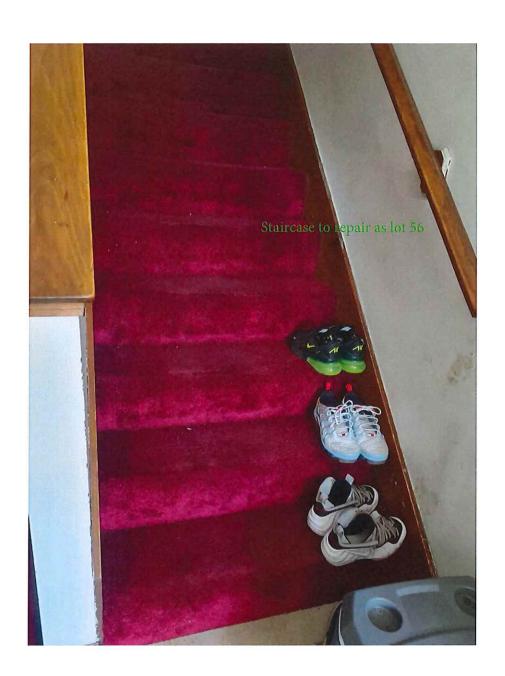
















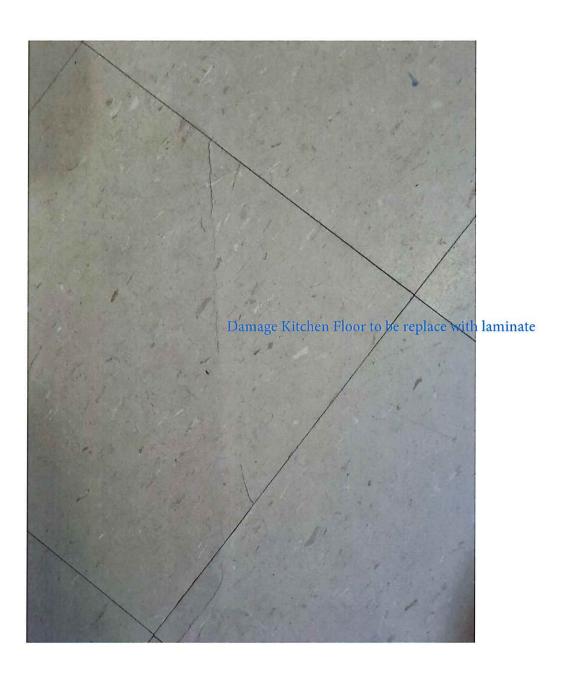














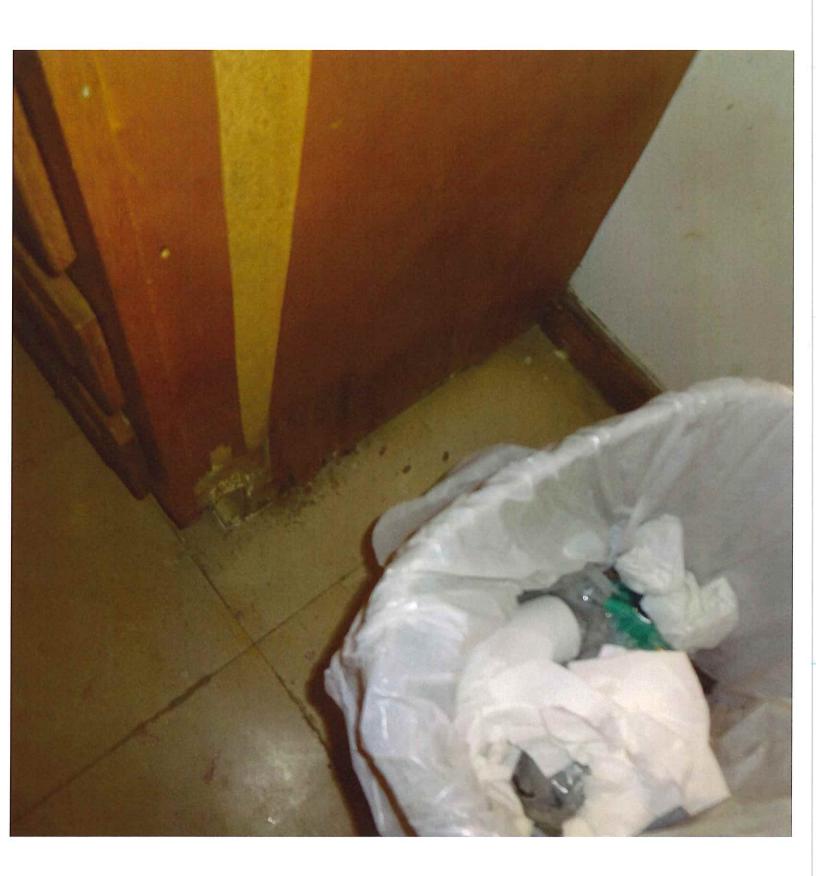
















#3

Office of Housing CHANGE ORDER REQUEST

PROJECT NAME	Healthy Homes Program		
LOCATION OF WORK	54 Dexter Street		
PROJECT MANAGER	William Brock	HOMEOWNER	Theodore Orson
		DATE OF REQUEST	08/26/2021
REQUESTING PARTY	Dad's Abatement	DAILO	

REQUESTING PARTY	Dad's Abatement	DAILE		3.
	CHAN	IGE REQUEST OVERVIEW		
DESCRIPTION OF CHANGES NEEDED	filled sonstube typical tight mix 2" x6" PT deck joists 12" O.C, 5, posts notched and bolted throu	er Street. 4'x 12' with 4 treads per k, 12" x6" galvanized anchor bold 12 /4" 6 PT decking board screws to ugh end joist and blocking ev Street narrative as to why scope was new to when the contractive as to why scope was new to who who who was new to who who who was new to who who who was new to who who who was new to who who who who was new to who who was new to who who who was new to who who who who was new to who who who was new to who who who was new to who who was new to who who who who was new to who who who was new to who who who was new to who who who who who who was new to who who who who who who who who who wh	floor joists, 4" x4" PT ra	PSI concrete 'x4" PT posts. iling support
REASON FOR CHANGE				1
SUPPORT & JUSTIFICATION DOCUMENTS.	List all attached documents wh	hich support the requested change	e. Justify any increased (cost and time.
SPECIFICATIONS	Detail changes to repair specif	Fications.		· 1
ADDITIONAL INFORMATION	·			
	10		TRACT SCHEDULE (if a	policable)

CHANGE IN CON	ITRACT PRICE	CHANGE IN CONTRACT SCHEDU	ILE (if applicable)
ORIGINAL PRICE	\$33,850.00	ORIGINAL TIMES	
		NET CHANGES OF PREVIOUS	
NET CHANGES OF PREVIOUS CHANGE ORDERS	\$16,500	CHANGE ORDERS IN DAYS	
NET INCREASE / DECREASE	\$2,800	NET INCREASE / DECREASE	
		TOTAL CONTRACT TIME	
TOTAL CONTRACT PRICE WITH APPROVED CHANGES	\$53,150 .	WITH APPROVED CHANGES	

SIGNATURE	erdue Ou esdore O	APPROVED BY SIGNATURE SUPERVISOR NAME & TITLE	Courtney Rose, NAI Plotkin	Tina Quagliato- Sullivan, Director
DATE		DATE	8/25/2021	8 31 21

Office of Housing CHANGE ORDER REQUEST

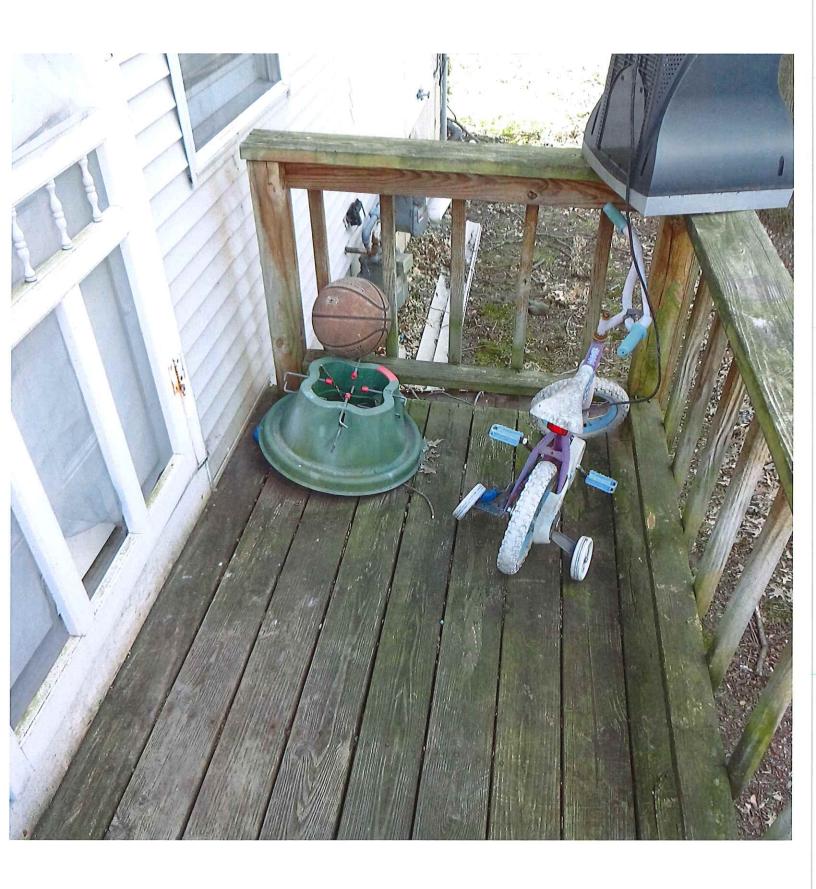
#4

PROJECT NAME	Healthy Homes Program		,
LOCATION OF WORK	56 Dexter Street		
PROJECT MANAGER	William Brock	HOMEOWNER	Theodore Orson
REQUESTING PARTY	Dad's Abatement	DATE OF REQUEST	08/26/2021

	CHANGE REQUEST OVERVIEW	
DESCRIPTION OF CHANGES NEEDED	Describe the change. Install Side becking lot 56 Dexter Street. 4'x 12' with 4 treads per drawing. 10" dia 3000 filled sonstube typical tight mix, ½" x6" galvanized anchor bold ½" outside projection, 4" 2" x6" PT deck joists 12" O.C, 5/4" 6 PT decking board screws to floor joists, 4" x4" PT raposts notched and bolted through end joist and blocking Out 5000 x + 0 5000 x Fill in reason for change order – narrative as to why scope was not foreseen, etc.	x4" PT posts.
REASON FOR CHANGE		·
SUPPORT & JUSTIFICATION DOCUMENTS	List all attached documents which support the requested change. Justify any increased co	ost and time.
SPECIFICATIONS	Detail changes to repair specifications.	
ADDITIONAL NFORMATION		

CHANGE IN CONTRACT PRICE			CHANGE IN CONTRACT SCHEDULE (if applicable)		
ORIGINAL PRICE	\$33,850.00	. ORI	GINAL TIMES	*	
NET CHANGES OF PREVIO CHANGE ORDERS	\$19,300	Control of the Contro	CHANGES OF PREVIOUS ANGE ORDERS IN DAYS		
NET INCREASE / DECREAS	\$2,800	NET	INCREASE / DECREASE		
TOTAL CONTRACT PRICE WITH APPROVED CHANGE	\$55,950	1	TAL CONTRACT TIME TH APPROVED CHANGES		
ACCEPTED BY SIGNATURE	Rudue Our	APPROVED BY SIGNATURE	Ans.	19N7	
HOMEOWNER NAME	Trestore Open	SUPERVISOR NA & TITLE	ME Courtney Rose, NAI Plotkin	Tina Quagliato- Sullivan, Director	
DATE	u	DATE	8/26/2021	8/31/21	







#5

Office of Housing CHANGE ORDER REQUEST

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PROJECT NAME	Healthy Homes Program	
LOCATION OF WORK	54-56 Dexter St Sprinfled ma	CARREST SECTION AND AND AND AND AND AND AND AND AND AN
PROJECT MANAGER	William Brock	HOMEOWNER
REQUESTING PARTY	_	DATE OF REQUEST 10/25/2021

WEGOTS HITCHAN	<u> </u>	5.4 (5.45)	and the section of th
A STATE OF THE STA		WEDVIEW	
	CHANGE REQUEST C	JACKAIEA	
	Describe the change.		
DESCRIPTION			•
OF CHANGES	Remove and replaced 4 Storm Doors	•	,
NEEDED	was Both Units		
	Fill In reason for change order – narrative as t	o why scope was not foreseen,	, etc.
DE ACON FOR	•		
REASON FOR CHANGE			
CHANGE)	
	List all attached documents which support the	requested change. Justify any	increased cost and time.
SUPPORT &	List all attached documents when outport	•	
JUSTIFICATION			
DOCUMENTS			
	Detail changes to repair specifications.		•
			•
SPECIFICATIONS	•		
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ADDITIONAL			
INFORMATION		•	
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CHANGE IN CO	NTRACT PRICE	CHANGE IN CONTRACT SCHEDULE (if applicable)
ORIGINAL PRICE	33,850.00	ORIGINAL TIMES
NET CHANGES OF PREVIOUS CHANGE ORDERS	22,100.00	NET CHANGES OF PREVIOUS CHANGE ORDERS IN DAYS
NET INCREASE / DECREASE	2400	NET INCREASE / DECREASE
TOTAL CONTRACT PRICE WITH APPROVED CHANGES	56,350,00	TOTAL CONTRACT TIME WITH APPROVED CHANGES

NET INCREASE / DECREASE	.240D	NET INCREASE / DECREASE	
TOTAL CONTRACT PRICE WITH APPROVED CHANGES	58,350.00	TOTAL CONTRACT TIME WITH APPROVED CHANGES	The state of the s
ACCEPTED BY	APPROVED SIGNATURE SUPERVISO 8. TITLE	CANON	Tina Quagliato- Sullivan, Director
DATE 10	129/21 DATE	12/1/21	12/1/21



