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Amendment #1
Contract 20190305

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.

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.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Community Development			KB	4/26/19
City Comptroller	LLK	4.29.19	LLK	4.29.19
Law	PF	4.30.19	PF	4.30.19
CAFO	Jmm	5.2.19	Jmm	5.2.19
Mayor	EG	5/2/19	EG	5/2/19
City Comptroller			LLK	5.7.19
Community Development				

Vendor No.: 18472 Contract No.: 20190305 Contract Date: 10/2/2018

Contract Amt.: \$3,428.00 Issue Date: 4/26/19 Renewal Date:
INC,

Appropriation Code1: 26451815-530105-64516
 Appropriation Code2:
 Appropriation Code3:
 Appropriation Code4:

Description of Funding Source: CDBG-NDR

Bid No.: Requisition No.: 19005867 PO No.: 19005478

Vendor Name: Maritza Crespo

Contract Type: Amendment #1/Healthy Homes Rehab

Contract Purpose: Increase in funding for costs not included in original contract.

Originating Dept.: Community Development/Nigel Greaves

Expiration Date: 11/16/2023 Amendment Date: Extension Date: 

TYPE OF DOCUMENT (Please select at least one):
 New Renewal Amendment #1 Extension

**AMENDMENT TO HEALTHY HOMES REHABILITATION
PROGRAM AGREEMENT (CONTRACT #20190305)**

AGREEMENT, made the 25th day of April, 2019 by and between **Maritza Crespo** with an address of 13 Spruce Street, **Springfield, Massachusetts** (hereinafter referred to as the "Borrower") and the **City of Springfield** through its Deputy Director of Housing, with the approval of its Mayor (hereinafter referred to as the "City") regarding the rehabilitation of the property at 11-13 Spruce Street, **Springfield, Massachusetts**.

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

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

- 1. Increasing the original contract amount of \$82,320.00 (Eighty-Two Thousand Three Hundred Twenty and 00/100 Dollars) to an amended total of \$85,748.00 (Eighty-Five Thousand, Seven Hundred Forty-Eight and 00/100 Dollars).**
- 2. All other terms and conditions remain the same.**


IN WITNESS WHEREOF, the Borrower and the City have executed this Amendment on this 25th day of APRIL, 2019.

BORROWERS:



Maritza Crespo

CITY OF SPRINGFIELD



Robert P. DeMuisis, Jr., Deputy Director
Office of Housing


26461816-530105-64516 \$3,428.00 (incr)

Approved as to Appropriation:



Office of Comptroller

Approved as to Form:




Law Department

APPROVED:



Timothy J. Plante
Chief Administrative & Financial Officer

APPROVED:



Domenic J. Sarno, Mayor

Healthy Homes Rehab Project Budget

Homeowner/Borrower: Maritza Crespo

Project Address: 11-13 Spruce Street

<u>Cost Description</u>	<u>Project Budget</u>
General Rehab	\$ 74,820.00
Lead Abatement	\$ 7,500.00
Initial rehab contract amount	\$ 82,320.00
Rehab Change Order #1	\$ 2,100.00
Total Rehab Contract	\$ 84,420.00
Weatherization reimbursement	\$ 78.00
Lead Paint Inspection	\$ 475.00
Healthy Homes Rehab Total	\$ 84,973.00
Legal Fees	\$ 700.00
Amendment recording fee	\$ 75.00
Amended Grand Total	\$ 85,748.00
Increase over Initial Contract	\$ 3,428.00

Office of Housing CHANGE ORDER REQUEST

PROJECT NAME	Healthy Homes rehab		
LOCATION OF WORK	11-13 Spruce Street - Springfield, MA 01118		
PROJECT MANAGER	Robbin Jones	HOMEOWNER	Maritza Crespo
REQUESTING PARTY	Charista Construction	DATE OF REQUEST	04/23/2019

CHANGE REQUEST OVERVIEW	
DESCRIPTION OF CHANGES NEEDED	<i>Replace leaking drains at 1st FL apartment in basement.</i>
REASON FOR CHANGE	<i>Leaking drain lines</i>
SUPPORT & JUSTIFICATION DOCUMENTS	
SPECIFICATIONS	<i>Install 3in ABS Drain Line for Water Closet Install 1 1/2in ABS Drain Line for Tub, Vanity, Kitchen Sink & Washing Machine Hookup in Basement</i>
ADDITIONAL INFORMATION	

CHANGE IN CONTRACT PRICE		CHANGE IN CONTRACT SCHEDULE (if applicable)	
ORIGINAL PRICE	\$82,320.00	ORIGINAL TIMES	
NET CHANGES OF PREVIOUS CHANGE ORDERS	N/A	NET CHANGES OF PREVIOUS CHANGE ORDERS IN DAYS	N/A
NET INCREASE / DECREASE	\$2,100.00	NET INCREASE / DECREASE	
TOTAL CONTRACT PRICE WITH APPROVED CHANGES	\$84,420.00	TOTAL CONTRACT TIME WITH APPROVED CHANGES	

ACCEPTED BY SIGNATURE		APPROVED BY SIGNATURE	
HOMEOWNER NAME	Maritza Crespo	NAME & TITLE	Robbin D. Jones Rehab Supervisor
DATE	04/23/2019	DATE	



Invoice

Taxpayer ID: 04-2898116

38 Harkness Avenue
P.O. Box 706
East Longmeadow, MA 01028
Tel: 413-525-1735
Fax: 413-525-2327

Date 4/23/2019

Ship To

Springfield Housing
11-13 Spruce Street
Springfield, MA 01118

Terms	Due Date	Invoice #	Completion Date
	4/23/2019	2269	4/23/2019
Change Order:			2,100.00
Install 3in ABS Drain Line For Water Closet Install 1 1/2in ABS Drain Line For Tub Install 1 1/2in ABS Drain Line For Vanity Install 1 1/2in ABS Drain Line for Kitchen Sink Install 1 1/2in ABS Drain Line for Washing Machine Hook Up In Basement			

Total	\$2,100.00
Payments/Credits	\$0.00
Balance Due	\$2,100.00

Finance Charge 1-1/2% after 30 days

Celebrating Over 30 Years In The Construction Industry