

**DeKalb County  
Department of Purchasing and Contracting  
Change Order Request Form**

<b>User Department: Facilities Management</b>	<b>From: Clyde Stovall</b>
<b>CPA No.:</b>	<b>Title: Elevator Maintenance Services</b>
<b>Effective Date: 03/01/19</b>	<b>Expiration Date: 02/29/20</b>
<b>Contract APPROVED Amount: \$149,248.44</b>	


Contractor(s)	Contract No.	Amount Spent	
KONE	1147259	\$9,628.99	

**Total Amount Spent to Date:**  
\$9,628.99

**User Department Recommendation:** **Change Order X**

Additional Funds Request (if applicable): \$396,019.28

Facilities Management is requesting the limit amount be increased to cover: Repairs not covered by contract (\$80,000 x 4 years = \$320,000.00); Five year testing not covered by contract for past due tests not performed by ThyssenKrupp (\$66,952.56); Annual Testing not covered by contract for past due test not performed by ThyssenKrupp (\$9,066.72). Kone will complete the past due testing to bring the elevators up to date.



\_\_\_\_\_  
Department Director Signature

5/10/19

\_\_\_\_\_  
Date

**Funding:** General  Enterprise       3 Digit Fund Code 100

CIP Line Item No. (if applicable): \_\_\_\_\_

**For Use by Purchasing and Contracting:**      Approve       Deny

**Additional Comments:**

\_\_\_\_\_  
Purchasing and Contracting Signature

\_\_\_\_\_  
Date

4/10/2019