



Lewis County

CONTRACT NO. **31-2418**

AGENCY

Twin City Senior Center Roof
Replacement**CO** **2**COP No. **2**

CONTRACT

PROPOSAL REQUEST

TO: **Safecover Roofing** CONTRACTOR PROPOSAL REQUEST DATE **11/27/2024**

You are directed to prepare a cost proposal for the work described below and/or detailed on the attachments referred to:

remove old gutters and bad boards; and haul away debris
install pressure treated boards
Install 6" gutters, screens and downspouts on north and south side, as discussed.

REASON FOR CHANGE **After removing the old roof, it was discovered the gutters were end of life and new boards were needed to attach new gutter**DATE PROPOSAL REQUIRED **11/27/2024**CHANGE ORIGINATED BY **Contractor/Facilities**PROPOSAL REQUESTED BY **Doug Carey**

CONTRACTOR PROPOSAL

WE PROPOSE TO PERFORM ALL CHANGES DESCRIBED IN THE PROPOSAL REQUEST FOR:

TO: **Lewis County** (A/E) TO: _____ PMCONTRACT PRICE CHANGE: ☐ NO CHANGE ☒ INCREASE ☐ DECREASEOF **\$10,900.00**

(Washington State Sales Tax Not Included)

In accordance with the General Conditions, Cost Estimate Detail Sheet(s) are attached hereto

CONTRACT COMPLETION DATE: ☐ NO CHANGE ☒ INCREASE ☐ DECREASE OF **2** CALENDAR DAYS

The foregoing amount covers everything required in connection with the change. All other provisions of the contract remain in full force and effect.
We understand that work shall not begin prior to authorization.

Safecover Roofing

CONTRACTOR

BY

DATE

RECOMMENDATION

TO: Lewis County

We have carefully examined this proposal and find the cost to be reasonable. Therefore, we recommend acceptance.

A/E _____ DATE _____

COST VERIFICATION _____ DATE _____

Lewis County Capital Facilities Manager _____ DATE _____

PROJECT MANAGER _____ DATE _____

AUTHORIZATION

CONTRACT SUMMARY

ORIGINAL CONTRACT SUM **\$ 52,500.00**PREVIOUS TOTAL **\$62,500.00**PREVIOUS ADDITIONS **\$ 10,000.00**CHANGE AMOUNT **\$10,900.00**PREVIOUS DEDUCTIONS **\$ -****NEW TOTAL \$73,400.00**

NEW CONTRACT COMPLETION DATE _____ DAYS PERCENT CHANGE FROM ORIGINAL CONTRACT AMOUNT _____

☐ The final amount of this change order differs from the cost proposal. Invoices incorporating this change order constitutes acceptance by the contractor as total reimbursement due in connection with this change order.

Lewis County hereby accepts the foregoing proposal and authorizes the performance of the changes specified. This constitutes a change order to the contract only when authorizing signature is affixed.

COUNTY AUTHORIZING SIGNATURE

DATE



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CHEHALIS, WA 98532
(360) 304-8055
OFFICE@SAFECOVERROOFING.COM
LIC# SAFECRL820KZ

PROPOSAL SUBMITTED TO: TWIN CITY SENIOR CENTER
ADDRESS: 2545 N NATIONAL AVE. CHEHALIS, WA 98532
PHONE:
EMAIL:
DATE: 11.27.2024

CHANGE ORDER

SPECIFICATIONS:

1. REMOVE OLD GUTTERS AND HAUL AWAY.
2. INSTALL PRESSURE TREATED BOARDS.
3. INSTALL 6" GUTTERS, SCREENS, AND DOWNSPOUTS.

INVESTMENT: \$10,900.00

ACCEPTANCE OF PROPOSAL: _____