



Change Order

Project:	Server, Server Storage, IP Intercom and VoIP Project District Wide San Mateo-Foster City School District	Change Order Number: 4 SMFCSD Contract No: SMFCSD Project No: 0390-15NE.1
Owner:	San Mateo-Foster City School District 1170 Chess Drive Foster City, CA 94404	DSA File No. N/A OPSC No. N/A Date of Issuance: 27 February 2018
Contractor:	IT Management Corporation 5201 Great America Parkway Santa Clara, CA 95051	

Contract for: **Server, Server Storage, IP Intercom and VoIP Upgrade Project**

The Work shall be carried out in accordance with the following additional project requirements issued in accordance with the Contract Documents. All changes in Contract Sum or Contract Time are as included in this document.

DESCRIPTION:

1. Item 1: **Change Proposal Request #8:**
Informacast Licensing - 1000 License Bundle & 3-Year Maintenance Subscription

Direction: District Direction

Reason:

Net change to contract amount is as follows:

\$30,010.82

Contract Sum: 0 Days
Contract Time: CPR #8 from contractor, 2/27/18
Attachments:

The Original Contract Sum was:	\$1,918,796.50
Net change by previously authorized Change Orders:	\$26,816.05
The Contract Sum prior to this Change Order was:	\$1,945,623.37
The Contract Sum will be increased by this Change Order by:	\$30,010.82

THE NEW CONTRACT SUM INCLUDING THIS CHANGE ORDER WILL BE: \$1,975,623.30

Total percentage of Change Order amounts to the original contract sum to date:	2.9%
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The Date of Substantial Completion is currently: (Based on (4.11.17) Notice to Proceed)	9 October 2017
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The Contract Time will be modified by this Change Order by:	Unchanged
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The Date of Substantial Completion as of the date of this Change Order is therefore now, without further adjustment, to be:	31 March 2018
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Architect	Contractor	Inspector of Record
_____ Signature	_____ Signature	_____ Signature
By:_____	By:_____	By:_____
Date:_____	Date:_____	Date:_____

Recommended by:

SMFCSD Project Manager	Dir. Of IT	Chief Business Official
_____ Signature	_____ Signature	_____ Signature
By:_____	By:_____	By:_____
Date:_____	Date:_____	Date:_____