

SECTION 3

Date of Issuance:	Effective Date:
Owner:	Owner's Contract No.:
Contractor:	Contractor's Project No.:
Engineer:	Engineer's Project No.:
Project:	Contract Name:

The Contract is modified as follows upon execution of this Change Order:

Description:

Attachments: *[List documents supporting change]*

CHANGE IN CONTRACT PRICE	CHANGE IN CONTRACT TIMES <i>[note changes in Milestones if applicable]</i>
Original Contract Price: \$ _____	Original Contract Times: Substantial Completion: _____ Ready for Final Payment: _____ days or dates
[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___: \$ _____	[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___: Substantial Completion: _____ Ready for Final Payment: _____ days
Contract Price prior to this Change Order: \$ _____	Contract Times prior to this Change Order: Substantial Completion: _____ Ready for Final Payment: _____ days or dates
[Increase] [Decrease] of this Change Order: \$ _____	[Increase] [Decrease] of this Change Order: Substantial Completion: _____ Ready for Final Payment: _____ days or dates
Contract Price incorporating this Change Order: \$ _____	Contract Times with all approved Change Orders: Substantial Completion: _____ Ready for Final Payment: _____ days or dates

RECOMMENDED:	ACCEPTED:	ACCEPTED:
By: _____ Engineer (if required)	By: _____ Owner (Authorized Signature)	By: _____ Contractor (Authorized Signature)
Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____

Approved by Funding Agency (if applicable)

By: _____ Date: _____
Title: _____

AFFIDAVIT OF COMPLIANCE

**PUT-TR M-6-5.75
PUTNAM COUNTY, OHIO
PID NO. 98795
FEDERAL PROJECT NO. E150039**

I _____, _____,
Name of Person Signing Title

representing _____, do hereby certify that all labor, materials,
CONTRACTOR Company Name

subcontractors and other indebtedness connected with this project work have been paid in full. I further certify that all provisions of the Davis-Bacon Act (Davis-Bacon Wage Determination Database) have been complied with. In addition, I guarantee the improvements made on this project will retain their final dimensions and structure for a period of one (1) year after final payment is made and that this company will make any necessary corrections during this period to the improvements to keep the project at its final dimensions and structure, at no cost to the Putnam County Engineer.

Signature of Officer or Agent of Contractor

Title

Company Name

Street

City, State Zip

(_____) _____
Phone Number

STATE OF OHIO
ss
COUNTY OF _____

Sworn to before and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

NOTE: The above affidavit must be executed and sworn to by the Officer or Agent of the Contractor before the Owner will release the surety and/or make a final payment due under the terms of the Contract.



**Ohio Department of Transportation
Disadvantaged Business Enterprise (DBE) Program
Affidavit of Subcontractor Payment**

The Code of Federal Regulations 49, 26.37(b), requires the Ohio Department of Transportation to monitor and verify that work subcontracted to Disadvantaged Business Enterprise (DBE) firms is actually performed by the DBEs. Additionally, ODOT is required to report the DBE participation on each project. Therefore, it is ODOT's responsibility to discern whether payments are made to DBE firms. The following affidavit is to be completed and signed by the contractor within 15 days of the completion of the project. The affidavit seeks to verify actual payments made to DBE firms on the project. Each DBE firm must verify the actual payment amount.

Payment Period: _____ Project No. _____ PID No. _____

- ▶ **Interim** Interim affidavits must be submitted for each DBE firm at the end of each construction season for multi-year projects.
- ▶ **Final** Final affidavits for each DBE firm must be submitted within 15 days of the completion of the project.

Prime Company Name _____

Name of DBE Subcontractor/ _____ **Payment** _____
Non-DBE Subcontractor _____ **All amounts indicated must be cumulative**

Name of DBE Sub-Subcontractor _____ **Payment** _____
(If applicable) _____ **All amounts indicated must be cumulative**

By signing below, the noted firms agree that the payment amounts recorded above are true and accurate as of the payment time period noted above. Furthermore, the noted firms understand that the DBE listed above is required to perform a "commercially useful function" as defined in Title 49 of the United States Code of Federal Regulations Part 26 in order to receive credit for the DBE contract goal.

Prime's Signature/Title

NOTE: This affidavit must be notarized.
 Sworn or affirmed and subscribed before me this _____ day of _____ 20 _____

Notary Signature _____

DBE Subcontractor/Non-DBE Subcontractor Signature/Title

NOTE: This affidavit must be notarized
 Sworn or affirmed and subscribed before me this _____ day of _____ 20 _____

Notary Signature _____

(If applicable) DBE Sub-subcontractor Signature/Title

NOTE: This affidavit must be notarized
 Sworn or affirmed and subscribed before me this _____ day of _____ 20 _____

Notary Signature _____

Please mail original, completed and signed form to: The Ohio Department of Transportation, Office of Contracts, 1st Floor, 1980 West Broad Street, Columbus, OH 43223.