

**STATE OF INDIANA'S  
PUBLIC WORKS CONSTRUCTION CONTRACT  
CHANGE ORDER/AMENDMENT #\_**  
Contract # \_\_\_\_\_

**THIS IS AMENDMENT #** [ ] to the Public Works Construction Contract ("Contract") entered into by and between the Indiana Department of Administration's Public Works Division ("State") and XXXXXXXXXX ("Contractor") and executed pursuant to the terms and conditions set forth herein, governed by Indiana Code 4-13.6, *et seq.*

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to amend the Contract as follows:

1. A written change has been requested by the Contractor, as detailed in **Amendment #** [ ] **Exhibit A**, attached hereto and incorporated herein, in connection with the following Public Works Project:

Project Number:                    **XXXXXXXXXX**  
Project Name:                       **XXXXXXXXXX**  
Designer (if applicable):       **XXXXXXXXXX**  
Purchase Order Number:       **XXXXXXXXXX**  
Institution Department:       **XXXXXXXXXX**  
Req. No:                             **XXXXXXXXXX**  
Change Order No:               **XXXXXXXXXX**

2. [ ] The Designer has recommended the Contractor's change in writing, as evidenced by **Amendment #** [ ] **Exhibit** [ ], attached hereto and incorporated herein.  
[ ] No Designer has been contracted for this Project.

3. The State has approved the change request, as detailed in **Amendment #** [ ] **Exhibit B**, attached hereto and incorporated herein.

4. The consideration for this Amendment # [ ] is as follows:

ORIGINAL CONTRACT VALUE	\$ _____
TOTAL PREVIOUS AMENDMENT VALUE	\$ _____
PRE-AMENDMENT CONTRACT TOTAL	\$ _____
[ ] INCREASE/[ ] DECREASE THIS AMENDMENT	\$ _____
[ ] INCREASE/[ ] DECREASE REMEDIATION ALLOWANCE	\$ _____
<b>NEW CONTRACT TOTAL REMUNERATION</b>	<b>\$ _____</b>

This change represents a **\$XX,XXX** [ ] increase/[ ] decrease in the original contract and a **\$XX,XXX** [ ] increase/[ ] decrease in remediation allowance, for a total [ ] increase/[ ] decrease of **\$XX,XXX**. Retainage [ ] will/[ ] will not be withheld on this change order amount.

5. The term of this Contract is hereby [ ] extended for an additional **XXX** days.  
[ ] decreased by **XXX** days.  
[ ] remains the same.

Therefore, the Contract shall terminate on [ ] .

**6. A. Minority and Women's Business Enterprises Compliance. *Include one of the options, as applicable; delete the inapplicable option.***

***OPTION 1-to be used if the MBE and/or WBE subcontractor(s) will continue to be utilized during the extension period.***

As required by 25 IAC 5-6-2(b), the following Division of Supplier Diversity certified MBE or WBE subcontractor(s) will be participating in this Contract under this Change Order/Amendment. This participation represents [ ] the same percentage or [ ] an increase of [ ] % above the original MBE and/or WBE commitment. **[Add additional MBEs and WBEs using the same format.]**

MBE or WBE	COMPANY NAME	PHONE	EMAIL OF CONTACT PERSON	PERCENT

Briefly describe the MBE and/or WBE service(s)/product(s) to be provided under this Amendment and include the estimated date(s) for utilization during the extension period:

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A copy of each subcontractor agreement must be submitted to the Division of Supplier Diversity within thirty (30) days of the effective date of this Amendment. The subcontractor agreements may be uploaded into Pay Audit (Indiana’s subcontractor payment auditing system), emailed to [MWBECompliance@idoa.IN.gov](mailto:MWBECompliance@idoa.IN.gov), or mailed to Division of Supplier Diversity, 402 W. Washington Street, Room W-462, Indianapolis IN 46204. Failure to provide a copy of any subcontractor agreement may be deemed a violation of the rules governing MBE/WBE procurement and may result in sanctions allowable under 25 IAC 5-7-8. Requests for changes must be submitted to [MWBECompliance@idoa.IN.gov](mailto:MWBECompliance@idoa.IN.gov) for review and approval before changing the participation plan submitted in connection with this Amendment.

The Contractor shall report payments made to Division of Supplier Diversity certified subcontractors under this Contract on a monthly basis using Pay Audit. The Contractor shall notify subcontractors that they must confirm payments received from Contractor in Pay Audit. The Pay Audit system can be accessed on the IDOA webpage at: [www.in.gov/idoa/mwbe/payaudit.htm](http://www.in.gov/idoa/mwbe/payaudit.htm). Contractor may also be required to report Division of Supplier Diversity certified subcontractor payments directly to the Division of Supplier Diversity, as reasonably requested and in the format required by the Division of Supplier Diversity.

Contractor’s failure to comply with the provisions in this clause may be considered a material breach of the Contract.

***OPTION 2 – to be used if the original Contract identified subcontractors in this clause, but the Contractor will not be utilizing the MBE and WBE subcontractors during the extension period.***

No certified MBE or WBE subcontractors will be participating in this Contract under this Change Order/Amendment.

**B. Indiana Veteran Owned Small Business Enterprises Compliance. *Include one of the options, as applicable; delete the inapplicable option.***

***OPTION 1-to be used if the IVOSB subcontractor(s) will continue to be utilized during the extension period.***

As required by 25 IAC 9-4-1(b), the following certified IVOSB subcontractors will be participating in this Contract under this Change Order/Amendment. This participation represents [ ] the same percentage or [ ] an increase of [ ] % above the original IVOSB commitment. **[Add additional IVOSBs using the same format.]**

IVOSB	COMPANY NAME	PHONE	EMAIL OF CONTACT PERSON	PERCENT

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Briefly describe the IVOSB service(s)/product(s) to be provided under this Amendment and include the estimated date(s) for utilization during the extension period:

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A copy of each subcontractor agreement must be submitted to IDOA's Division of Supplier Diversity within thirty (30) days of the effective date of this Amendment. The subcontractor agreements may be uploaded into Pay Audit (Indiana's subcontractor payment auditing system), emailed to [IndianaVeteransPreference@idoa.IN.gov](mailto:IndianaVeteransPreference@idoa.IN.gov), or mailed to IDOA, 402 W. Washington Street, Room W-462, Indianapolis, IN 46204. Failure to provide a copy of any subcontractor agreement may be deemed a violation of the rules governing IVOSB procurement and may result in sanctions allowable under 25 IAC 9-5-2. Requests for changes must be submitted to [IndianaVeteransPreference@idoa.IN.gov](mailto:IndianaVeteransPreference@idoa.IN.gov) for review and approval before changing the participation plan submitted in connection with this Amendment.

The Contractor shall report payments made to certified IVOSB subcontractors under this Contract on a monthly basis using Pay Audit. The Contractor shall notify subcontractors that they must confirm payments received from Contractor in Pay Audit. The Pay Audit system can be accessed on the IDOA webpage at: [www.in.gov/idoa/mwbe/payaudit.htm](http://www.in.gov/idoa/mwbe/payaudit.htm). The Contractor may also be required to report IVOSB certified subcontractor payments directly to the Division of Supplier Diversity, as reasonably requested and in the format required by the Division of Supplier Diversity.

The Contractor's failure to comply with the provisions in this clause may be considered a material breach of the Contract.

***OPTION 2 – to be used if the original Contract identified subcontractors in this clause, but the Contractor will not be utilizing the IVOSB subcontractors during the extension period.***

No certified IVOSB subcontractors will be participating in this Contract under this Change Order/Amendment.

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**All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.**

**Non-Collusion and Acceptance**

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned’s knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC 4-2-6-10.5.**

**Agreement to Use Electronic Signatures**

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>

**In Witness Whereof**, the Contractor and the State have, through their duly authorized representatives, entered into this Amendment for Public Works Project Number **XXXXXX**. The parties, having read and understood the foregoing terms of this Amendment, do by their respective signatures dated below agree to the terms thereof.

**Contractor: XXXXXXXXXXXX**

**Department of Administration  
Public Works Division**

By: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Robert Grossman, Director  
*For IDOA Commissioner if less than \$10,000,000*  
Date: \_\_\_\_\_

**Approved by:**  
Department of Administration

**Approved by:**  
State Budget Agency *PURSUANT TO IC 4-13-2-14.1*  
*APPROVAL OF THE BUDGET AGENCY*  
*IS NOT REQUIRED FOR CONTRACTS*  
*UNDER \$100,000.00*

By: \_\_\_\_\_ (for)  
Rebecca Holwerda, Commissioner

By: \_\_\_\_\_ (for)  
Zachary Q. Jackson, Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved as to Form and Legality:**  
*Form approval has been granted by the*  
*Office of the Attorney General pursuant to*  
*IC 4-13-2-14.3(e) on September 5, 2023.*  
*FA 23-34*

This document prepared and reviewed by:

*Tammera J. Glickman*

Counsel, Indiana Department of Administration

TEMPLATE

**CONSTRUCTION CONTRACT CHANGE ORDER/AMENDMENT #**

**AMENDMENT # EXHIBIT A**

**See Documents to Follow for Exhibit**

TEMPLATE

**CONSTRUCTION CONTRACT CHANGE ORDER/AMENDMENT #**

**AMENDMENT # EXHIBIT B**

**See Documents to Follow for Exhibit**

TEMPLATE