PURCHASE ORDER-CHANGE NO. 22001050-1

PAGE NO. 1

tplante@rightwayelevator.com 92422 FAX: 727-827 RIGHT WAY ELEVATOR MAINTENANCE 9790 16TH ST N ST PETERSBURG FL 33716

VENDOR

16425 SPRING HILL DRIVE SPRING HILL FL 34604

ORDER DATE: 08/30/22	BUYER: CHARLENEE	REQ. NO.: RQ221162 REQ. DATE: 09/30/22
TERMS: NET 30 DAYS	F.O.B.: FOB DESTINATION	DESC: HC DETENTION CENTER ELEVA
ITEM# QUANTITY UOM		UNIT PRICE EXTENSION
	This Purchase is in accordance with Contract No.22-C00056/DK, BOCC Appro2022, Doc ID No. 10536. The Contract Terms and Conditions appurchase Order Terms and Conditions this purchase. The County Contact Person is: Craig Number: (352) 754-4029 The Contractor Contact is: Ryan Cole Plante 10/10/2023 Change Order #1 JG 22-C00056/DK, ELEVATOR MODERNIZATION COMPLETION AND DEDUCTION OF THE HVAC FINAL COMPLETION DATE OF: 10/28/23 DECREASE LINE 4 02114-5606301 BY (\$9000000000000000000000000000000000000	oved on: July 12, pply, and the do not apply to Becker, Phone ey and Thomas N N FOR FINAL C INSTALLATON. NEW

ITEM#	# ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$
				TOTAL \$

SEE TERMS AND CONDITIONS ON REVERSE SIDE APPROVED BY: _

CHIEF PROCUREMENT OFFICER

HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS

GENERAL

The condition of this order <u>may not</u> be changed by Vendor/Contractor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a Vendor/Contractor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

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The Vendor/Contractor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the Vendor/Contractor under this contract. The Vendor/Contractor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the Vendor/Contractor. The Vendor/Contractor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

PACKING

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

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The Vendor/Contractor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

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The Vendor/Contractor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

LEGALLY AUTHORIZED WORKFORCE

VENDOR/CONTRACTOR represents and warrants that VENDOR/CONTRACTOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR/CONTRACTOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at www.hernandocounty.us/pur/.

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	<u>Coverage</u>	Minimum Amounts and Limits
(a)	Worker's Compensation	Statutory requirements at location of work
	Employer's Liability	\$ 100,000 each accident
		\$ 100,000 by employee
		\$ 500,000 policy limit
(b)	Commercial General Liability	\$ 2,000,000 General Aggregate
	(Additional Insured & Wavier	\$ 2,000,000 Products-Comp. Ops Agg.
	Of Subrogation)	\$ 1,000,000 Each Occurrence
		\$ 5,000 Medical Expense
(c)	Automobile Liability	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned)
	Option of Split Limits:	
	(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident

HERNANDO COUNTY BOARD OF COUNTY COMMISSIONERS 15470 FLIGHT PATH DR BROOKSVILLE, FL 34604

PURCHASE ORDER-CHANGE NO. 22001050-1

PAGE NO. 2

tplante@rightwayelevator.com 92422 FAX: 727-827 RIGHT WAY ELEVATOR MAINTENANCE 9790 16TH ST N ST PETERSBURG FL 33716

> EZDOR



ORDER DATE: 08/30/22 BUYER: CHARLENEE		REQ. N	O.: _{RQ221162}	REQ. DATE: 09/30/22		
TERN	MS: NET 30	DAYS	F.O.B.: FOB DESTINATION	DESC.:	HC DETENTION	ON CENTER ELEVA
ITEM#	QUANTITY	UOM	DESCRIPTION	·	UNIT PRICE	EXTENSION
01 02 03	350.00 140303.00 8989.00	LS	ELEVATOR MODERNIZATION PROJECT: ELEVATOR MODERNIZATION (EXCLUDING INTERIOR FINISHES) ELEVATOR MODERNIZATION: ELEVATOR INTERIOR FINISHES ELEVATOR MODERNIZATION: HVAC		1.00 1.00 1.00	00 140,303.00 00 8,989.00

ITEM#	ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL \$	149,642.00
				TOTAL \$	149,642.00
01	02114 5606301	350.00	111854	,	·
02	02114 5606301	140,303.00	111854		
03	02114 5606301	8,989.00	111854		
04	02114 5606301	.00	111854		
**055	TERMS AND CONDITIONS ON DE		DDDOVED BV:	Ilm	

SEE TERMS AND CONDITIONS ON REVERSE SIDE

APPROVED BY:

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PURCHASE ORDER-CHANGE NO. 22001050-1

CHANGE DATE: 10/10/23

PAGE NO. 1

tplante@rightwayelevator.com

92422 FAX: 727-827-223

RIGHT WAY ELEVATOR MAINTENACE

9790 16TH ST N

ST PETERSBURG FL 33716

T SPRING HILL FL 34604

ORDER DATE: 08/30/22 BUYER: CHARLENEE REQ. NO.: RQ221162 REQ. DATE: 08/17/22

TERMS: NET 30 DAYS F.O.B.: FOB DESTINATION DESC.: CHANGE ORDER - 1

ITEM# QUANTITY UOM DESCRIPTION UNIT PRICE EXTENSION

10/10/2023 Change Order #1 JG 22-C00056/DK, ELEVATOR MODERNIZATION

C/O NEEDED FOR 15 DAY TIME EXTENSION FOR FINAL COMPLETION AND DEDUCTION OF THE HVAC INSTALLATON. NEW FINAL COMPLETION DATE OF: 10/28/23

DECREASE LINE 4 02114-5606301 BY (\$5,000.00), NEW LINE TOTAL \$0.00 NEW PO TOTAL \$149,642.00

2114-5606301 1 5000.00-

04 -5000.00 LS ELEVATOR MODERNIZATION: HVAC INSTALLATION (MATERIAL AND LABOR)

Stom

.0000

-5,000.00

HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS

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		\$ 5,000 Medical Expense
(c)	Automobile Liability	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned)
	Option of Split Limits:	
	(1.) Bodily Injury	\$ 1,000,000 Per Person or \$1,000,000 Per Accident

HERNANDO COUNTY PURCHASING REVIEW FORM

Procurement Contrac	:t:	Joe Goulart			
Contract purpose:		22-C00056/DK Elevator Mo	odernization		
(briefly describe)		PO 22001050			
Vendor Name:		Right Way Elevator Mainter	nance		
REQ#ITB/ RFP/Q#:		Change Order 1			
Received Document					
Procurement Agent Review:	Jos	Seph E. Goulart	10/10/2023	Joseph E. Goulart	
Comments:	1 22 600	Signature Date 0056/ DK, ELEVATOR MODERNIZATION	Printed Nam	ne	
	HVAC IN	IEEDED FOR 15 DAY TIME EXTENSION FOR FIN INSTALLATON. NEW FINAL COMPLETION DAT :ASE L]NE 4 02114-5606301 BY (\$5,000.00), PO TOTAL \$149,642.00	TE OF: 10/28/23		
Grant Review:	N/A	A Signature Date	Printed Nam		
Comments:		Signature Date	Prince Nam	<u>1e</u>	
Chief of	$\overline{}$		$\overline{}$		
Procurement		LODOVED			
Review:		APPROVED			
	B_{j}	y Carla Rossiter-Smith at 2:46	i pm, Oct 10, 20)23	
Comments:	- Ammu		SCENT ((Minumum))		
Recommendation:					

Purchasing Form 5 (7/7/11)



Hernando County Board of County Commissioners 15470 Flight Path Dr. Brooksville, FL 34604

Rev:

0

Construction Change Order

Owner: Hernando County Board of County Commissioners

Owner's Representative:

Vendor: RIGHT WAY ELEVATOR MAINTENANCE

22001050

Change Order No. Contract No.

Change Order Date: 10/06/2023

Contract Date:

Project Description:

ELEVATOR MODERNIZATION

The Project is Changed as Follows

Justification: 22-C00056/DK, ELEVATOR MODERNIZATION

C/O NEEDED FOR 15 DAY TIME EXTENSION FOR FINAL COMPLETION AND DEDUCTION OF THE

HVAC INSTALLATON. NEW FINAL COMPLETION DATE OF: 10/28/23

DECREASE LINE 4 02114-5606301 BY (\$5,000.00), NEW LINE TOTAL \$0.00

NEW PO TOTAL \$149,642.00

Total Addition/Deduction this Change Order:		5,000.00
The Original Contract Sum was Net Change by previously authorized Change Orders: The Contract Sum prior to this Change Order was		154,642.00 .00 154,642.00
The Net Amount of this Change Order is: The new Contract Sum including this Change Order will be	-	5,000.00 149,642.00
The Contract Time will be changed by this Change Order (Days): The Date of Substantial Completion as of the date of this Change Order therefore is:		15

Vendor Name/Address:

RIGHT WAY ELEVATOR MAINTENANCE INC 9790 16TH ST N

ST PETERSBURG, FL 33716 Owner or Owner's Representative:

Hernando County Commission 15470 Flight Path Dr.

Brooksville, FL 34601

APPROVED

By Carla Rossiter-Smith at 2:46 pm, Oct 10, 2023

Chief Procurement Office

Date:

Aufforized Signature

Date:

6-23

Distribution:

Vendor - Original

Purchasing & Contracts

Finance

Requisitioning

Contract File



PAGE NO. 1

tplante@rightwayelevator.com 92422 FAX: 727-827 283 RIGHT WAY ELEVATOR MAINTENANCE 9790 16TH ST N ST PETERSBURG FL 33716

VEND

0 Ř 16425 SPRING HILL DRIVE SPRING HILL FL 34604

ORDE	R DATE: 08/3	0/22	BUYER: CHARLENEE	REQ. N	O.: RQ221162	REC	Q. DATE: 09/30/22
TERMS	S: NET 30	DAYS	F.O.B.: FOB DESTINATION	DESC.:	HC DETENTI	ON	CENTER ELEVA
ITEM#	QUANTITY	UOM	DESCRIPTION		UNIT PRICE		EXTENSION
			This Purchase is in accordance with				
			Contract No.22-C00056/DK, BOCC Appr	oved	on: July 1	2,	
			2022, Doc ID No. 10536.				
				_			
			The Contract Terms and Conditions a				
			Purchase Order Terms and Conditions	do n	ot apply t	0	
			this purchase.				
			The County Contact Person is: Craig	. Beck	er Phone		
			Number: (352) 754-4029	2001	2110110		
			The Contractor Contact is: Ryan Col	ev an	id Thomas		
			Plante	4			
01	350.00	LS	ELEVATOR MODERNIZATION PROJECT: PER	MITS	1.00	00	350.00
02 1	40303.00	LS	ELEVATOR MODERNIZATION (EXCLUDING		1.00	00	140,303.00
			INTERIOR FINISHES)				
03	8989.00	LS	ELEVATOR MODERNIZATION: ELEVATOR		1.00	00	8,989.00
			INTERIOR FINISHES				
04	5000.00	LS	ELEVATOR MODERNIZATION: HVAC		1.00	00	5,000.00
			INSTALLATION (MATERIAL AND LABOR)				

ITEM#		ACCOUNT	AMOUNT	PROJECT CODE	PAGE TOTAL	\$	154,642.00
					TOTAL	\$	154,642.00
01	02114	5606301	350.00	111854			
02	02114	5606301	140,303.00	111854			
03	02114	5606301	8,989.00	111854			
04	02114	5606301	5,000.00		/		
			148	COR			
					0.0		
		.8	(10. 1		X ()		
**^	- TEDMO AND	CONDITIONS ON REV	/CDOC OIDC## AT	PROVED BY:	' ITOY	M	

SEE TERMS AND CONDITIONS ON REVERSE SIDE

APPROVED BY: _

CHIEF PROCUREMENT OFFICER

Charlene Elliot

From: Craig Becker

Sent: Tuesday, October 10, 2023 11:03 AM

To:Charlene ElliotSubject:FW: InvoiceAttachments:0049_001.pdf

Charlene-This CO is approved, Thanks

Craig W. Becker Hernando County Facilities 1525 East Jefferson Street Brooksville, FL 34601 Office (352) 754-4029

From: Cynthia Torres <ctorres@rightwayelevator.com>

Sent: Friday, October 6, 2023 3:28 PM

To: Craig Becker < CraigB@co.hernando.fl.us>; Brad Wosinski < bwosinski@rightwayelevator.com> **Cc:** Charlene Elliot < Charlene Elliot <

Subject: RE: Invoice

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Craig,

Please see attached.

Thank you, Cindy Torres

From: Craig Becker < CraigB@co.hernando.fl.us>

Sent: Friday, October 6, 2023 3:21 PM

To: Cynthia Torres ctorres@rightwayelevator.com">ctorres@rightwayelevator.com; Brad Wosinski bwosinski@rightwayelevator.com;

Cc: Charlene Elliot <CharleneE@co.hernando.fl.us>; Sam Burdin <SBurdin@co.hernando.fl.us>

Subject: RE: Invoice

Brad,

See CO#1 attached for the additional 15 days and \$5000 deduct for no A/C installed/required. Please sign and return to me so we can get it processed, that will allow us to then process your pay app #1 when ready.

Thanks

Craig W. Becker Hernando County Facilities 1525 East Jefferson Street Brooksville, FL 34601 Office (352) 754-4029 From: Craig Becker

Sent: Thursday, October 5, 2023 4:59 PM

To: 'Cynthia Torres' < ctorres@rightwayelevator.com>

Cc: 'Brad Wosinski' <bwosinski@rightwayelevator.com>; Charlene Elliot <CharleneE@co.hernando.fl.us>

Subject: RE: Invoice

Cynthia,

Attached is the AIA forms. The second page (schedule of values) has to be completed just like your bid form on the construction agreement, also attached.

Lastly, discuss with Brad, but I forgot to mention, item #5 was not done (not needed) so when I send CO#1 for Brad's signature for time extension (15 days), it will also reflect the deduct of \$5000 for line # 5.

Thanks

Craig W. Becker Hernando County Facilities 1525 East Jefferson Street Brooksville, FL 34601 Office (352) 754-4029

From: Craig Becker

Sent: Thursday, October 5, 2023 4:16 PM

To: Cynthia Torres <ctorres@rightwayelevator.com>

Subject: RE: Invoice

Cynthia, Brad-The pay app #1 has to be on a AIA form G702 and 703. It will be billed through Sept 30 at 100% with 5% retainage withheld.

Thanks

Craig W. Becker Hernando County Facilities 1525 East Jefferson Street Brooksville, FL 34601 Office (352) 754-4029

From: Cynthia Torres < ctorres@rightwayelevator.com >

Sent: Thursday, October 5, 2023 4:09 PM **To:** Craig Becker < CraigB@co.hernando.fl.us>

Cc: Brad Wosinski

/ Swosinski@rightwayelevator.com>; Cynthia Torres <ctorres@rightwayelevator.com>

Subject: Invoice

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