



Request for City Council Committee Action From the Department of Convention Center

Date: March 30, 2015
To: Honorable John Quincy, Chair Ways & Means Committee
Subject: Official Publication No. 7885 - Contract Increase for contract close-out,
ThyssenKrupp Elevator (C-38270)

Recommendation:

We wish to increase contract C-38270 with ThyssenKrupp Elevator Co. by \$14,590 for a new total of \$106,590 to allow for close out and final payment.

Background/Supporting Information;

All change orders are for working overnight hours during the installation of Elevator (#9) at the Visitor Information Center at the Minneapolis Convention Center

Change Order 1 – \$13,931 for night hours required to work at double time rate due to MCC events
Change Order 2 – \$659 for night hours required to work at double time rate due to MCC events

The original contract amount was \$92,000. The total cost of the change order is \$14,590 for a new contract total of \$106,590. **The change orders are attached for reference.**

This Action represents the total of all invoices necessary to close-out this contract and make final payment.

Department Information

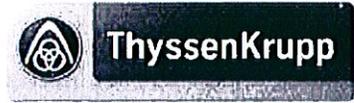
Prepared by: Lane Carlson, Manager, MCC Facilities Services
Approved by: Jeff Johnson, MCC Executive Director 
Presenter in Committee: Jeff Johnson

Financial Impact (Check those that apply)

- No financial impact - or - Action is within current department budget.
(If checked, go directly to Background/Supporting Information)
- Action requires an appropriation increase to the Capital Budget
- Action requires an appropriation increase to the Operating Budget
- Action provides increased revenue for appropriation increase
- Action requires use of contingency or reserves
- Other financial impact (Explain): Action is within Budget
- Request provided to the Budget Office when provided to the Committee Coordinator

cc: L. Carlson
B. Ericson

ThyssenKrupp Elevator Americas



Subcontract Change Order Request

Date: 10/20/14

PCO 41

PROJECT NUMBER: 15367
CONTRACT DATE: 06/24/14
CHANGE ORDER NUMBER: 1

PROJECT NAME: MCC VISITOR INFORMATION CENTER
PROJECT ADDRESS: 1301 2ND AVE S
MINNEAPOLIS, MN, 55403-2781

CONTRACTOR NAME: Kraus Anderson
CONTRACTOR ADDRESS: 8625 RENDOVA ST NE, BOX 158
CIRCLE PINES, MN, 55014

SUBCONTRACTOR NAME: ThyssenKrupp Elevator Corporation
SUBCONTRACTOR ADDRESS: 2601 49TH AVE NORTH, STE 100
MINNEAPOLIS, MN, 55430

This request for a formal Change Order is made for the above-referenced Contractor and specifically intends to modify and amend the work, price and/or terms set forth in above-referenced Subcontract as follows:

Accelerated installation schedule beginning Monday 9/22. GC is responsible for premium portion of overtime charge for ThyssenKrupp Elevator to work non-regular five 8 hour days commencing 9/22 until directed. Kraus Anderson agrees to issue a formal change order to ThyssenKrupp Elevator for the described work prior to the commencement of the proposed overtime. Crew worked a total of 62hrs, hourly rate is based as per contract at \$214 with a 5% mark up.

Total Amount of this Change Order to be added to the contract price: \$13,931.00

In the event of any conflict between the work, price and/or terms and conditions of the above-referenced Subcontract or prior change orders thereto and this Change Order, this Change Order shall be final. Please sign two (2) copies of this Change Order and return two (2) copies to ThyssenKrupp Elevator. A fully executed copy of this Change Order will be returned to you for your files.

Signed Acceptance:

By signing this Change Order where indicated below, the Contractor's signatory hereby acknowledges (a) that the Contractor agrees to all of the terms and conditions contained herein, (b) that the signatory has the authorization necessary to bind the Contractor to agreements of this nature, and (c) that this form is valid and binding notwithstanding any conflicts with procedures and/or forms required by the original Subcontract referenced above which are deemed to have been waived.

Subcontractor:
ThyssenKrupp Elevator Corporation

Contractor:
Kraus Anderson

By: Roderick W. Kearns
Title: Construction Manager

Date: 10/20/14

By: DAN OLSON
Title: Superintendent

Date:



Subcontract Change Order Request

Date: 11/11/14

PROJECT NUMBER: 15367
CONTRACT DATE: 06/24/14
CHANGE ORDER NUMBER: 2

PROJECT NAME: MCC VISITOR INFORMATION CENTER
PROJECT ADDRESS: 1301 2ND AVE S
MINNEAPOLIS, MN, 55403-2781

CONTRACTOR NAME: Kraus Anderson
CONTRACTOR ADDRESS: 8625 RENDOVA ST NE, BOX 158
CIRCLE PINES, MN, 55014

SUBCONTRACTOR NAME: ThyssenKrupp Elevator Corporation
SUBCONTRACTOR ADDRESS: 2601 49TH AVE NORTH, STE 100
MINNEAPOLIS, MN, 55430

This request for a formal Change Order is made for the above-referenced Contractor and specifically intends to modify and amend the work, price and/or terms set forth in above-referenced Subcontract as follows:

Operator Time: The above-mentioned General Contractor agrees to pay ThyssenKrupp Elevator Corporation at a charge of \$219 per hour fee, to run construction use elevator for this or other subcontractors use. Work was done during overtime hours and as a change order to our original contract. Kraus-Anderson agrees to issue a formal change order to ThyssenKrupp Elevator for the described work.

Total Amount of this Change Order to be added to the contract price: \$659.00

In the event of any conflict between the work, price and/or terms and conditions of the above-referenced Subcontract or prior change orders thereto and this Change Order, this Change Order shall be final. Please sign two (2) copies of this Change Order and return two (2) copies to ThyssenKrupp Elevator. A fully executed copy of this Change Order will be returned to you for your files.

Signed Acceptance:

By signing this Change Order where indicated below, the Contractor's signatory hereby acknowledges (a) that the Contractor agrees to all of the terms and conditions contained herein, (b) that the signatory has the authorization necessary to bind the Contractor to agreements of this nature, and (c) that this form is valid and binding notwithstanding any conflicts with procedures and/or forms required by the original Subcontract referenced above which are deemed to have been waived.

Subcontractor:
ThyssenKrupp Elevator Corporation

Contractor:
Kraus Anderson

By: Roderick W. Kearns
Title: Construction Manager

Date: 11/11/14

By: DAN OLSON
Title: Superintendent

Date:

ThyssenKrupp Elevator			REPAIR ORDER AND CERTIFICATE OF TIME		
BUILDING NAME <i>MCC Visitor Info</i> STREET <i>1302 2nd Ave S.</i>			ACCOUNT OR JOB NUMBER <i>0202527</i>	NO. OF HOURS APPLIED <i>3</i>	
CITY <i>Mpls</i> STATE <i>MN</i> ZIP CODE <i>55403</i>	BILLING ADDRESS COMPANY NAME (IF DIFFERENT FROM ABOVE)		MAINTENANCE CONTRACT NO.	NO. OF HOURS APPLIED	
ADDRESS (STREET, CITY, STATE AND ZIP)			CUSTOMER ORDER NO.	CUSTOMER ELEVATOR NO.	
MAKE REPAIRS TO ELEVATOR(S) AT THYSSENKRUPP ELEVATOR BILLING PRICES FOR ACCOUNT OF THE UNDERSIGNED, SUBJECT TO PROVISIONS ON THE REVERSE SIDE HEREOF.			THYSSENKRUPP EQUIPMENT SERIAL NO. OR MFG.		
CUSTOMER			TYPE OF WORK PERFORMED		
AUTHORIZED SIGNATURE			<input checked="" type="checkbox"/> SCHEDULED REPAIR <input type="checkbox"/> EXTRA EXAM <input type="checkbox"/> SCHEDULED EXAM <input type="checkbox"/> CALLBACK 11 <input type="checkbox"/> OTHER 44 <input type="checkbox"/> SYR 55 SAFETY TEST 1YR 66 MISC 77		
TITLE			IS WORK COMPLETED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DATE			AUTHORIZED APPROVAL		

TIME AND LABOR RECORD										LABOR HOURS INCURRED				PAYROLL USE ONLY					
DATE			TIME AT BUILDING		PAYROLL NO.	EMPLOYEE NAME	RATE				TRAVELING				AT JOB SITE				
MO	DAY	YR.	IN	OUT			M	M	H	P	X1.0	X1.5	X1.7	X2.0	X1.0	X1.5	X1.7	X2.0	
<i>11</i>	<i>1</i>	<i>14</i>	<i>10</i>	<i>1</i>		<i>3004 Dwight Dupay</i>	<i>XX</i>										<i>3</i>		

DESCRIBE ALL WORK PERFORMED		PARTS AND SUPPLIES	
LIST PROBLEM AREA CODES: _____		QUANTITY NAME PART NO. SOURCE	
TROUBLE AS REPORTED BY CUSTOMER: <i>fun? Elevator over on final inspection mount P.D, H.L, Fire Box, Fire call</i>			
COMMENTS: _____		EXPENSES (Explain Below)	
		PAYROLL NO. TYPE (MILEAGE, ETC.)	
		SIGNATURE BELOW IS TO CERTIFY THAT THE ABOVE IS CORRECT, THAT THE WORK IS SATISFACTORY, AND THAT A COPY OF THIS REPAIR ORDER HAS BEEN RECEIVED BY THE PERSON WHOSE SIGNATURE APPEARS BELOW.	
		CUSTOMER <i>Dan D...</i> DATE / MO / DAY / YEAR	
		AUTHORIZED SIGNATURE TITLE	
910382		BILLABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CHECK ONE)	
		PRINT NAME	