



KRAUS-ANDERSON®
Construction Company

Change Order Request

Project: 1923025-02
La Crosse Center Expansion & Renovation
400 La Crosse Street
La Crosse, WI 54601

COR # 231.00

Date: 10/12/2021

To: Owner City of La Crosse
400 La Crosse Street
La Crosse, WI 54601

From: Kraus-Anderson Construction Company
151 East Wilson Street, Suite 100
Madison, WI 53703

PCO # 343 - Freight Elevator Construction Use

Item #	Description	Vendor	Amount
1	Freight Elevator Construction Use	KONE, Inc.	\$15,606.00
Total For Change Order			\$15,606.00

Approved By: City of La Crosse

Signed: _____

Date: _____

Submitted By: Kraus-Anderson Construction Company

Signed: _____

Date: 10/12/2021 | 11:39 AM C

Accepted By: I & S Group, Inc.

Signed: _____

Date: 10/26/2021 | 3:32 PM C

DocuSigned by:

Peter Linsmeier

6867371012384A6...

DocuSigned by:

Kevin Bills

B2D92ADEC16949C...

Subcontract Change Order



Change Order No: _____

Date Submitted: 10/6/2021

PROJECT NAME: La Crosse Center Renovation
PROJECT ADDRESS: 400 La Crosse Street
La Crosse, WI 54601
PROJECT NUMBER: 6556185

Contract Date: _____
 Contract Number: _____

Customer Name: Kraus Anderson Construction
Customer Address: 151 East Wilson Street Suite 100
Madison, WI 53703

Subcontractor Name: KONE Inc.
Subcontractor Address: 2965 Lone Oak Drive Suite 100
Eagan, MN 55121

The Contract is hereby modified by the following scope / item(s):

Temp Use on Elevator 2 from 4/15/21 to 10/5/21.

\$3500 adjustor/permit/inspection fee plus 6 months @ \$3500/month = \$24,500 minus \$3,894 Temp Use allowance balance in contract minus \$5000 escalator allowance balance in contract = \$15,606.

The following costs are required to accomplish the above scope:

By: Matt Johnson Date: October 6, 2021

Total Amount of this Change Order: \$ 15,606.00

Name: Matt Johnson

Title: Project Manager

Contract Time For Completion shall be increased by: 0 days

Please sign two (2) copies of this Change Order and return two (2) copies to KONE. A fully executed copy of this Change Order will be returned to you for your files.

Unless allowed for otherwise in the description above, payment for this Change Order shall fully compensate the contractor for all costs related in any way to this work and its effect on other work already contracted. Contractor agrees said work is for the benefit of the overall project and the cost of this Change Order includes additional costs, if any, attributed to loss of efficiency of labor performing the work.

Signed Accepted:

The undersigned below, in addition to accepting this change order as binding to both parties, also acknowledges and certifies that they are an authorized representative to sign change orders on behalf of their respective company. The undersigned also agree to recognize KONE Inc.'s change order form in lieu of their own for this change order in the event that they do not submit a fully duplicated one on their own standard form within two (2) weeks of the executed date of this change order.

Subcontractor:
KONE Inc.
 By: _____ Date: _____
 Name/Title: Matt Johnson / Project Manager

Contractor:
Kraus Anderson Construction
 By: _____ Date: _____
 Name/Title: _____