

**CONTRACT ROUTING FORM**

1. Complete the information below BEFORE printing and completing items 2 through 7. Items in red are required.

Department: Emergency Management

Department contract file name (use effective date): Motorola\_EmergComms\_20240709

Project Code: Click here to enter text.

Contract type: Contract

Contracted Services/Goods: Contract Change Order / Credit

Contract Component: Change Order

Change Order Number/Addendum Number: Click here to enter text.

Vendor Name: Motorola Solutions

Effective Date: 07/09/2024

Approved by: County Manager

Date approved by the BOC: Click here to enter text.

Ending Date: Click here to enter a date.

Total Amount: \$0

Please Return Contract to:

Name: Mike Reitz

Email:

mike.reitz@chathamcountync.gov

Special Instructions for Clerks

Office:

2. Department Head or his/her designee has read the contract in its entirety.

By: \_\_\_\_\_ (Department Head signature required)

3. County Attorney has reviewed and approved the contract

County Attorney has reviewed and rejects the contract  Reason: \_\_\_\_\_

This is an automatic renewal and does not require approval from the County Attorney: Yes  No



If this box is checked the County Attorney's Office has reviewed the contract but has not made needed changes to protect the County because the contract is a sole source contract and the services required by the County are not available from another vendor.

4. Technical/MIS Advisor has reviewed the contract if applicable. Yes  No

5. Vendor has signed the contract. Yes  No

6. A budget amendment is necessary before approval. Yes  No

If budget amendment is necessary, please attach to this form.

7. Approval

Requires approval by the BOC - contracts over \$100,000.00. Follow Board submission guidelines.

Requires approval by the Manager – contracts \$100,000 or less.

8. Submit to Clerk.

**Clerk's Office Only**

Finance Officer has signed the contract

The Finance Officer is not required to sign the contract

**Change Order Number:** 4  
**Date:** 6/17/2024  
**Project Name and Number:** Chatham County P25 Project  
**Customer Name:** Chatham County, NC  
**Customer Project Mgr:** Mike Reitz

**The purpose of this Change Order is to:** *(highlight the key reasons for this Change Order)*

Descope the Chatham Hospital retaining wall (\$27,250 credit)

**Contract Project Identifier (Name or Number):** [231427] **Contract Date:** June 20, 2019

In accordance with the terms and conditions of the contract identified above between [enter customer name] and Motorola Solutions, Inc., the following changes are approved:

**Contract Price\* Adjustments**

Original Contract Price:	\$ 15,760,254.00
Previous Change Order amounts for Change Order numbers [1] through [3]:	\$ 5,305,032.83
This Change Order:	\$
Contract Credit (If Applicable):	\$ 27,250.00
New Contract Price:	\$ 21,038,036.83

**\*\*“Contract Price” does not include taxes.**

**Completion Date Adjustments**

Original Completion Date:	07/30/2021
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Current Completion Date prior to this Change Order:	02/09/2023
New Completion Date:	6/30/2024

<b>Equipment Changes:</b> <i>(additions, deletions or modifications)</i> <b>Include attachments if needed.</b> N/A
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<b>Scope of Work Changes:</b> <i>(additions, deletions or modifications)</i> <b>Include attachments if needed.</b> Descope the Chatham Hospital retaining wall (\$27,250 credit)
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<b>SUA/Support Service Changes:</b> <i>(additions, deletions or modifications)</i> <b>Include attachments if needed. Must be completed by Project CSM.</b> N/A
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<b>Schedule Changes:</b> <i>(describe change or N/A)</i> New completion date is 6/30/2024
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<b>Contract Price Changes:</b> <i>(describe change or N/A)</i> (\$27,250 credit)
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<b>Customer Responsibilities:</b> <i>(describe change or N/A)</i> N/A
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<b>Payment Schedule for this Change Order:</b> <i>(describe new payment terms applicable to this change order)</i> N/A
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**Purchase Order Requirements for this Change Order (select only one).**

- A Purchase Order is required - included with this change order and is attached.
- No Purchase Order is required - Customer affirms that this change order document is the only notice to proceed required, that funding has been encumbered for this change order in its entirety, and that no further purchase orders will be issued against this change order,



# CHANGE ORDER

[04]

XX No Purchase Order required - this is a \$0 Change Order, or a decrease in scope.

Unless amended above, all other terms and conditions of the Contract shall remain in full force. If there are any inconsistencies between the provisions of this Change Order and the provisions of the Contract, the provisions of this Change Order will prevail.

IN WITNESS WHEREOF the parties have executed this Change Order as of the last date signed below.

**Motorola Solutions, Inc.**

**Customer**

By: Michael F. Harry

By: [Signature]

Printed Name: Michael F. Harry

Printed Name: Dan La Montagne

Title: System Integration Manager

Title: County Manager

Date: 6/18/24

Date: 7/10/2024

Reviewed by: Jeff Erhardt  
Motorola Solutions Project Manager

Date: 6/17/2024

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

[Signature]  
Roy Lynch, Finance Officer