**LEE COUNTY CONSTRUCTION MANAGER AGREEMENT**

**CONTINGENCY TRANSFER APPROVAL**

**NO.:**

PROJECT NAME:

CONSTRUCTION MANAGER: PROJECT NO.:

CONTRACT NO.: RFQ NO.:

TRANSFER REQUESTED BY: DATE OF REQUEST:

Upon the completion and execution of this Contingency Transfer by both parties to the Contract the Construction Manager will be authorized to and shall proceed to make the following changes in the Contract Documents:

Description: **Various adjustments to construction cost line item amounts.**

Purpose of Transfer: **To adjust the originally estimated costs for various line item amounts to match the actual line item amounts as priced by the Construction Manager.**

Attachments:

**1) Contingency Transfer History**

**2) Proposal Requests Nos.**

CONTINGENCY IN GMP PRICE:

Guaranteed Maximum Price

$

Original Project Contingency Amount

$

Previous Contingency Transfers No. **N/A** to No. **N/A**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net Increase (Decrease) of this Contingency Transfer

$

New Project Contingency Amount

$

It is understood and agreed that the acceptance of this modification by the CONSTRUCTION MANAGER constitutes an accord and satisfaction, and represents an agreement for payment in full for all costs arising out of, or incidental to, the above mentioned change.

RECOMMENDED: ACCEPTED: APPROVED:

By: By: By:

Consultant (If Applicable) Date Construction Manager Department Director

By: Date Accepted: Date Approved:

Project Manager Date Construction Manager Department Director