

## CONTRACT CHANGE ORDER FORM

OWNER:	Madison County Wastewater Authority			CHANGE ORDER NO.	One (1)
PROJECT NAME:	MCWI Pump Station Improvements Contract 1 - Nissan Pump Station Improvements				
ENGINEER:	WGK, INC.			WGK #	2023-189-01
CONTRACTOR:	Hemphill Construction Company, Inc.				
CHANGE ORDER DATE:	November 12, 2025			CONTRACT DATE:	May 13, 2025
REASON FOR CHANGE:	Adjust final quantities as constructed.				

YOU ARE HEREBY REQUESTED TO COMPLY WITH THE FOLLOWING CHANGES FROM THE CONTRACT PLANS, SPECIFICATIONS AND CONTRACT DOCUMENTS: (USE ADDITIONAL SHEETS IF DESIRED.)

ITEM NO.	DESCRIPTION OF CHANGE(S)	REVISIONS TO EST QTY	ITEM UNIT	UNIT PRICE	TOTAL ELIGIBLE COST
70	Apply Cementitious or Epoxy Mastic Material to Restore Cover	290	CF	422.00	\$ 122,380.00
100	Supply New Lined & Coated Riser Pipes and Fittings	3	SFT	23,800.00	\$ 71,400.00
110	Surface Prep & Recoat Riser Pipes and Fittings	(3)	SFT	4,600.00	\$ (13,800.00)
140	Bypass Pumping Fuel	(200)	GAL	3.75	\$ (750.00)
<b>TOTAL CONTRACT CHANGE</b>					<b>\$ 179,230.00</b>
					<b>TOTAL ELIGIBLE</b>
<b>ORIGINAL CONTRACT AMOUNT:</b> As Bid					<b>\$ 1,398,500.00</b>
<b>CURRENT CONTRACT AMOUNT:</b>					<b>\$ 1,398,500.00</b>
<b>THIS CONTRACT CHANGE:</b>					<b>\$ 179,230.00</b>
<b>REVISED CONTRACT AMOUNT:</b>					<b>\$ 1,577,730.00</b>
<b>CURRENT CONTRACT COMPLETION DATE:</b>					<b>December 10, 2025</b>
<b>TIME EXTENSION REQUIRED BY CHANGE:</b>					<b>0</b>
<b>REVISED CONTRACT COMPLETION DATE:</b>					

THIS DOCUMENT SHALL BECOME AN AMENDMENT TO THE CONTRACT AND ALL PROVISIONS OF THE CONTRACT WILL APPLY.

RECOMMENDED BY:

  
WGK, Inc.

11/14/2025

DATE

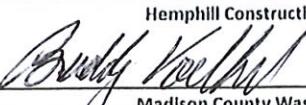
ACCEPTED BY:



11/14/25

DATE

APPROVED BY:

  
Hemphill Construction Company, Inc.  
Barry Kuehne  
Madison County Wastewater Authority

11/19/2025

DATE

## MCWI Grant Quarterly Progress Report (Effective 1-1-25)

**Instructions:** This report is required to be submitted to the Documents Portal tab of the MCWI Grant Portal on the following dates:

- Reporting Period January 1 – March 31: Due April 15<sup>th</sup>
- Reporting Period April 1 – June 30: Due July 15<sup>th</sup>
- Reporting Period July 1 – September 30: Due October 15<sup>th</sup>
- Reporting Period October 1 – December 31: Due January 15<sup>th</sup>

**PLEASE NOTE:** This report format has been revised as of January 1, 2025.  
All reports require detailed information regarding the obligation status of funds and project status. See Schedule A: Contract Execution Status.

**1. Reporting Period:**

**2. Summarize Activities undertaken or completed during the reporting period.**

**3. Upload photographs demonstrating activities undertaken or completed during the reporting period (JPEG or PDF file format accepted) in conjunction with the filing of this report. Are you submitting photos? \_\_\_\_\_ [Yes/No/NA]**

**4. Contract Bidding Information**

- A. Number of Contracts Bid & Awarded \_\_\_\_\_
- B. Number of Contracts Anticipated throughout project \_\_\_\_\_
- C. Percentage Bidding Complete [Divide A by B] x 100 \_\_\_\_\_ %

**5. Were any modifications made to construction contracts (i.e. change orders) during the reporting period? \_\_\_\_\_ [Yes/No]. If Yes, upload a copy of the contract modification or change order in conjunction with the filing of this report.**

**6. Were any modifications made to professional services contracts during the reporting period? \_\_\_\_\_ [Yes/No]. If Yes, upload a copy of the contract modification in conjunction with the filing of this report.**

**7. Construction Data**

- D. Percentage completed during the reporting period (Photos required). \_\_\_\_\_ %
- E. Percentage of total project completed as of the end of this reporting period. \_\_\_\_\_ %

**8. Project Costs**

- F. Total project costs expended to date \_\_\_\_\_
- G. Total requested for reimbursement to date 847,166.50 \_\_\_\_\_

9. Are there any specific events that have arisen that put the project at risk of not being contractually obligated, on budget, and on schedule to be closed out by September 30, 2026? Examples could include lack of available contractors, materials delays, contract issues, adverse weather conditions, etc. \_\_\_\_\_ [Yes/No]

Please contact [MCWISubrecipient@horne.com](mailto:MCWISubrecipient@horne.com) if urgent circumstances arise.

10. Has your most recent financial statement and/or single audit report been submitted to the Documents Portal Tab of the MCWI Grant Portal? \_\_\_\_\_ [Yes/No] If submitting with this report, please describe below the nature of any audit findings, if any.

11. Have you had any indications of Fraud, Waste or Abuse? \_\_\_\_\_ [Yes/No]  
If yes, please provide specific details.

12. Do you expect to fully expend all MCWI Funds? \_\_\_\_\_ [Yes/No]  
If no, please provide specific details (return money to Program, reallocate to remaining active project(s)).

**Schedule A: Contract Execution Status (do not include MOU's in this section)**

Please provide executed and pending Procurement Name\*, vendor name, date, full contract amount, and award funds to be used for reimbursement for relevant vendors. For Award Funds, refer to the Approved Funding Amounts at the bottom of the original application in the MCWI Portal (MCWI + Local ARPA + Transferred ARPA = Award Funds).

**Example 1 [1:1 Match]: \$200,000 MCWI + \$100,000 Local + \$100,000 Transfer = \$400,000 Award Funds**

**Example 2 [2:1 Match]: \$100,000 MCWI + \$50,000 Local = \$150,000 Award Funds**

**Example 3 [Other Funds]: \$100,000 MCWI + \$100,000 Local + \$50,000 Other Funds\*\* = \$200,000 Award Funds**

**\*Procurement Name: Name used internally to identify procurement (Phase A-Lift Station, B-Pump, etc.).**

**\*\*Other Funds not included in Award Funds calculation.**

## Executed Contracts:

**\*Portion of contract value that will be covered by award funds**

### **Pending/Expected Contracts:**

\*Portion of contract value that will be covered by award funds

**By signing this report, I certify to the best of my knowledge and belief that the information supplied is true, complete, and accurate for the purposes of this Quarterly Progress Report. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).**

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**Authorized Representative**

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**Agreement No.**

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**Printed Name**

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**Date**