Contract Routing # XXXXX

EXHIBIT T – OPTION LETTER

SAMPLE OPTION LETTER

Date:	Original Contract CMS #:	Option Letter #	CMS Routing #

1) OPTIONS

- **a.** Accept and approve Approved Payment Schedule under Book 1, Section 13.16 of the Original Contract and modify the encumbrance amount.
- **b.** Accept and approve the Approved Payment Schedule for a Change Order which impacts the Contract Price and/or the fiscal year encumbrance amount pursuant to Book 1, Section 11.1.1 of the Original Contract, and modify the Contract Price and/or encumbrance amount.

2) REQUIRED PROVISIONS

- a. For use with Option 1(a): In accordance with Book 1, Section(s) 13.16 of the Original Contract between the State of Colorado, Colorado Department of Transportation, and Contractor's Name, the State hereby exercises its option to accept and approve the Approved Project Payment Schedule attached hereto as Attachment A, which is incorporated by reference herein (the "Approved Payment Schedule") [the final construction season to be recognized in lieu of a Approved Payment Schedule as appropriate and all associated references herein removed]. As of the effective date of this Option Letter, the Approved Payment Schedule attached to the Original Contract shall be deleted in its entirety and replaced with the attached Approved Payment Schedule and the encumbrance amount (as such term in defined in Book 1, Section 11.1.1 of the Original Contract) shall be increased by \$ amount of change to a new encumbrance amount of Insert New \$ Amt as consideration for services/goods ordered under the Contract for fiscal year indicate Fiscal Year. Book 1, Section 11.1.1 is hereby modified accordingly. The total Contract value including all previous amendments, option letters, etc. is Insert New \$ Amt.
- b. For use with Option 1(b): In accordance with Book 1, Sections 11.1.1 and 13.16 of the Original Contract between the State of Colorado, Colorado Department of Transportation, and Contractor's Name, the State hereby exercises its option to accept and approve the Approved Payment Schedule attached hereto as Attachment A, which is incorporated by reference herein (the "Approved Payment Schedule"). As of the effective date of this Option Letter, the Approved Payment Schedule attached to the Original Contract shall be deleted in its entirety and replaced with the attached Approved Payment Schedule and [insert information below and if necessary delete the options not required]:
- i. the Contract Price (as such term in defined in Section 11.1.1 of the Original Contract) shall be increased by \$ amount of change to a new Contract Price of Insert New \$ Amt for work ordered under the Contract. Book 1, Section 11.1.1 is hereby modified accordingly.
- ii. the encumbrance amount (as such term in defined in Book 1, Section 11.1.1 of the Original Contract) shall be increased by \$ amount of change to a new encumbrance amount of Insert New \$ Amt as consideration for services/goods ordered under the Contract for fiscal year indicate Fiscal Year. The first sentence of the fifth paragraph in Section 6 is hereby modified accordingly. The total encumbrance amount for all fiscal years including all previous Amendments, Option Letters, this Option Letter is Insert New \$ Amt.
- Effective Date. The effective date of this Option Letter is upon approval of the State Controller or

 whichever is later.

Request for Proposal Region 2 Bridge Bundle FBR R200-266, Sub Account: 23558 Book 1 – Contract

Contract Routing # XXXXX

STATE OF COLORADO Jared S. Polis, Governor Name of Agency or IHE
By: Name & Title of Person Signing for Agency or IHE
Date:

ALL CONTRACTS REQUIRE APPROVAL BY THE STATE CONTROLLER

CRS §24-30-202 requires the State Controller to approve all State contracts. This Option Letter is not valid until signed and dated below by the State Controller or delegate. Contractor is not authorized to begin performance until such time. If Contractor begins performing prior thereto, the State of Colorado is not obligated to pay Contractor for such performance or for any goods and/or services provided hereunder.

STATE CONTROLLER Robert Jaros, CPA, MBA, JD

By:		
Name of Agency or IHE Delegate-Please delete if contract will be routed to OSC for		
approval		
Date:		