

## WORK ORDER NO. D687 UNDER GLO CONTRACT NO. 21-043-001

Pursuant to GLO CONTRACT No. 21-043-001 ("Contract") between the GENERAL LAND OFFICE ("the GLO") and CORPUS CHRISTI – NUECES COUNTY PUBLIC HEALTH DISTRICT ("Provider"), each a "Party" and collectively "the Parties," Provider is authorized to perform the services described herein, subject to the terms of this Work Order No. D687 ("Work Order"). This Work Order amends the Contract, all provisions of which not amended herein remain in force and effect.

#### 1. PROJECT DESCRIPTION

Provider shall perform or cause to be performed: collection and analysis of water samples from designated sampling stations in Aransas County, Nueces County, and San Patricio County, Texas, in accordance with the Quality Assurance Project Plan (QAPP), incorporated herein by reference in its entirety for all purposes, as if physically attached; and notification of the public of water quality advisories (the "Project"). Provider shall perform the Project in accordance with the Contract, this Work Order and all Attachments, including the Work Order Work Plan, attached hereto as **Attachment A**, and the OAPP.

If the Contract, this Work Order, or Attachments to this Work Order conflict, such conflicts shall be resolved in the following order of precedence: first, the Contract; then attachments to the Contract in this order: Attachment A, Attachment B, Attachment C; then the Work Order, the QAPP, and Attachment A to the Work Order.

#### 2. TASKS AND DELIVERABLES

Provider must perform all tasks and submit all deliverables in accordance with the due dates and schedule in **Attachment A.** If Attachment A does not list a due date or schedule for a given task or deliverable, Provider must perform that task or submit that deliverable on or before the date specified by the GLO's Project Manager.

### 3. COMPENSATION

The total compensation due to Provider for services performed and costs incurred pursuant to this Work Order is not to exceed \$127,000.00. Provider will be reimbursed \$55.00 for each base sample submitted and \$70.00 for each repeat sample required, if any, which includes preapproved travel, pre-approved supplies, and all other pre-approved expenses related to the performance of the Project.

#### 4. SUBMISSION OF INVOICES

Provider must submit invoices to the GLO in accordance with the Contract, this Work Order and **Attachment A**. Failure to submit invoices as instructed may significantly delay payment under the Work Order.

## 5. PERFORMANCE PERIOD

This Work Order is effective on September 1, 2022 and shall terminate upon the earlier of the completion of the Project, in the GLO's sole determination, or August 31, 2023 ("Performance Period").

## **6.** TERMINATION OR INTERRUPTION OF WORK

The GLO reserves the right to, at any time during the Performance Period, terminate, halt, or defer all or any portion of the work included in the Scope of Services of this Work Order. If such an event occurs: (1) Provider must follow all directions included in the GLO's notice; and (2) the Parties agree that the Work Order may require revision by written Amendment.

## 7. AMENDMENTS TO WORK ORDER

Material changes to this Work Order may be made only by written agreement of the Parties. **Notwithstanding the preceding,** the GLO Project Manager may approve extensions to Deliverable Due Dates within the confines of the Performance Period. Such approvals must be in writing, and may be delivered by regular mail, electronic mail, or facsimile transmission; and shall become part of the GLO's Project file.

SIGNATURE PAGE FOLLOWS

# SIGNATURE PAGE FOR WORK ORDER NO. D687 UNDER GLO CONTRACT NO. 21-043-001

# GENERAL LAND OFFICE

CORPUS CHRISTI – NUECES COUNTY PUBLIC HEALTH DISTRICT

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Mark A. Havens, Chief Clerk /

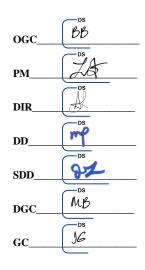
**Deputy Land Commissioner** 

Date of execution: 8/24/2022

By: Stee Viera
Name: 518898 93758 ra

Title: Assistant City Manager/Interim Health Director

Date of execution: 8/24/2022



**ATTACHMENT TO THIS WORK ORDER:** 

ATTACHMENT A – WORK ORDER WORK PLAN

**INCORPORATED BY REFERENCE:** 

QUALITY ASSURANCE PROJECT PLAN

**ATTACHMENT FOLLOWS**