



CCO #GC-002

C&S Companies
499 Col Eileen Collins Blvd.
Syracuse, New York 13212-3930
Phone: (315) 455-2000
Fax: (315) 455-9667

Project: AS7.001.001 - Ogdensburg CSD Capital Improvement Project
1100 State Street
Ogdensburg, New York 13669

Change Order Authorization #GC-002: CE #004 - Dome Entrance Lettering

CONTRACT COMPANY:	Bette & Cring Construction Group 18438 US Route 11 Watertown, New York 13601	CONTRACT FOR:	Contract No. 1 (GC):General Construction
DATE CREATED:	2/09/2026	CHANGE REASON:	Client Request
REFERENCE:	SED Control No. 51-23-00-01-0-007-026	TOTAL AMOUNT:	\$34,936.37

ATTACHMENTS:

[Proposal GC-002R5 Dome Entrance Lettering Approved.pdf](#) [JC1-08-DOME EXTERIOR.pdf](#) [JC1-03 - DOME EXTERIOR LETTERING.pdf](#)
[5ED070CA-8E3F-4AAF-9357-3905F238BE66.jpeg](#) [9B3435D7-A376-4AB9-99B2-510346F32594.jpeg](#)

CHANGE ORDER LINE ITEMS:

CE #004 - Dome Entrance Lettering: In conjunction with the gutter rehab at the Golden Dome, the existing dimensional letter above the two main entrances will be replaced with halo lit lettering by the General Contractor (GC), per the attached drawing JC1-03. Power to be run to the lettering by the Electrical Contractor (EC) per attached drawing JC1-08. This change order covers the associated scope of work performed by the GC.	\$34,936.37
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The Original Contract Sum	\$ 7,032,000.00
Net change by previously authorized Change Orders	(\$320,000.00)
The contract sum will be changed by this Change Order in the amount of	\$ 34,936.37
The Revised Contract Value including this Change will be	\$ 6,746,936.37
The contract time will be changed by this Change Order by 0 days	

Ogdensburg City School District
1100 State Street
Ogdensburg, New York 13669

BCA Architects & Engineers
15 Public Square
Watertown, New York 13601

SIGNATURE DATE



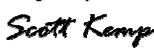
SIGNATURE DATE

C&S Companies
499 Col Eileen Collins Blvd.
Syracuse New York 13212-3930

Bette & Cring Construction Group
18438 US Route 11
Watertown New York 13601

Signed by:


SIGNATURE DATE

Signed by:


SIGNATURE DATE



PROPOSAL

250391-04

Date: 12/17/2025

Expires: 01/01/2026

Drawing Numbers:

Project: Ogdensburg Dome Entrance Lettering **Client:** Bette and Cring
 1100 State Street 18438 US-11
 Ogdensburg, NY 13669 Watertown, New York 13601

Contact: Scott Kemp 315-782-0074 skemp@bettecring.com

We are pleased to offer this proposal for the following services at the above location.

Project Description:	Price:	Qty:	Item Total:
*** Fabricated AL/Halo/10" Black Anodized / Helvetica typestyle / Detachable Studs(1.5"standoff) Flat Face-Halo Lit Inside / Painted White FLUSH Clear Poly Back Standard LEDs included O.F.A. EDGAR A. NEWELL II MEMORIAL DOME UL or UR certified labels, documents	\$8,606.46	2	\$17,212.92
*** class 2 power supplies with interior/exterior rated enclosure. WET Location rated, UL Certified power supplies. 100-277VAC input, 12VDC output OR 110-227 VAC input, 24VDC output / wiring / hardware / chemicals	\$1,200.00	1	\$1,200.00
shipped on pallets	\$600.00	1	\$600.00
office time / layout / design	\$120.00	16	\$1,920.00
install in Ogdensburg	\$90.00	72	\$6,480.00
per day bucket truck	\$400.00	3	\$1,200.00
Fuel Surcharge	\$100.00	3	\$300.00
*** Dealer cost items from Gill Creative Industries			

Deposit Rate: 60% **Subtotal: \$28,912.92**
Deposit: \$17,347.75 **Total: \$28,912.92**

Notes: All prices are subject to applicable sales tax. Prices are based on available information given at the time and are subject to change.

Exclusions: Sign permits, structural engineering, traffic control equipment and permits are not included in the above quotations and if required shall be invoiced on a time and material basis. Electrical services to the proposed sign(s), unless specifically quoted above, is assumed to be existing or provided by others.

Warranty: 12 months against defective materials and 12 month unconditional guarantee on parts and labor.

Salesperson: Bill Gill

Buyer _____ Seller _____



PROPOSAL

250391-04

Date: 12/17/2025

Expires: 01/01/2026

Drawing Numbers:

Project: Ogdensburg Dome Entrance Lettering
 1100 State Street
 Ogdensburg, NY 13669

Client: Bette and Cring
 18438 US-11
 Watertown, New York 13601

Contact: Scott Kemp 315-782-0074 skemp@bettecring.com

Terms: 60% advanced deposit with balance due upon completion of project.

Salesperson: Bill Gill

Buyer's Acceptance _____ Title _____ Date _____

Seller's Acceptance _____ Title _____ Date _____



23150 NYS Route 12, Watertown, NY 13601
 Phone: (315) 788-7368 • Fax: (315) 788-5842
 www.equipmentrentalsinc.com

RENTAL QUOTE

Quote No.	0305794
Quote Date	08/04/25
Salesperson	
Delivery Date/Time	08/04/25 09:14
Delivery Via	
Pickup Date/Time	08/11/25 09:14
Pickup Via	

BILL TO:

BETTE & CRING CONSTR. GROUP
 22 CENTURY HILL DRIVE
 SUITE 201
 LATHAM, NY 12110-2128
 ROBIN A/P (518)213-1010 BETT02

SHIP TO:

BETTE & CRING CONSTR. GROUP
 22 CENTURY HILL DRIVE
 SUITE 201
 LATHAM, NY 12110-2128
 ROBIN A/P (518)213-1010

Tms	Item#	Description	Qty	Unit Price	Total
S...	3	DELIVERY & PICK UP CHARGE (ERI TRUCK)	1.00	125.0000	125.00 *
R...	LIFT45-009	LIFT 45' ARTICULATING BOOM Serial# 0300190413 / JLG Min: 210.00 1/2Day: 210.00 Full Day: 475.00 Daily: 475.00 Weekend: 705.00 Week: 1060.00 Month: 2595.00	1.00	1060.0000	1060.00 *

Cash: 0.00 Check: 0.00 Crdt C: 0.00 Billed: 0.00

Job Ref: Lift, 46'elec, 2wd, Articulating Boom

Rental Charges	1,060.00
Sale/Used Amount	125.00
Discount	0.00
Delivery/Misc	0.00
Damage Waiver/Env	0.00
Use/Sales/SIT Tax	94.80

QUOTE TOTAL 1,279.80

****ALL POWERED UNITS WILL GO OUT FULL, AND SHOULD BE RETURNED FULL. OTHERWISE CUSTOMER WILL BE CHARGED \$9.00/GALLON DIESEL AS WELL AS DIESEL EXHAUST FLUID. **EQUIPMENT RETURNED UNCLEANED WILL BE SUBJECT TO A CLEANING CHARGE OF \$70.00/HOUR.**

Lessee Signature: _____
 "YOU PAY FOR TIME OUT NOT TIME USED"

08/04/25 ...

Contractor Name: <u>Bette & Cring, LLC</u>	Date: <u>25-Jul-25</u>
Address: <u>18438 US Rte 11</u> <u>Watertown, NY 13601</u>	County: <u>St. Lawrence</u>
Telephone No: <u>315-782-0074</u>	Trade: <u>Carpenter</u>

REGULAR BASE RATE	OVERTIME RATE	DBL TIME RATE
\$32.59	\$16.30	\$32.59

WAGE RATE PER HOUR

PAYROLL TAXES AND INSURANCE

F.I.C.A. / Social Security	6.20	%	
Medicare	1.45	%	
Federal Unemployment	0.60	%	
State Unemployment	9.90	%	
Workman's Compensation Code: <u>5403</u>	13.22	%	
Disability	0.00	%	
Bodily Injury/Property Damage/Liability Insurance	5.68	%	

TOTAL TAXES AND INSURANCE PER HOUR	Regular	<u>\$32.59</u>	times	<u>37.05</u>	% =	\$12.07		
Workman's Comp is not calc on premium time	Premium	<u>\$16.30</u>		<u>18.15</u>			\$2.96	
	DBL	<u>\$32.59</u>		<u>18.15</u>				\$5.92

BENEFITS

	*	% per hour		\$ per hour	
Health & Welfare	*	61.46%		\$20.03	
Pension		10.31%		\$3.36	
Vacation & Holiday					
Annuity					
Education / Apprentice Training					
Supplemental Unemployment					
Security Fund					
Taxes on Health & Welfare				\$7.42	
				\$ 23.39	

TOTAL BENEFITS PER HOUR	\$23.39		
TOTAL LABOR RATE	\$75.48	\$19.25	\$38.51

- All benefits are paid directly to Employee.
- Only benefits identified by * above are paid directly to Employee.

CONTRACTOR'S CERTIFICATION

I certify that the labor rates, insurance enumerations, labor fringe enumerations and expenses are correct and in accordance with actual and true cost incurred.

Signature

Sworn before me this _____ day
of _____, 20__

Print Name of Authorized Representative

Notary Public

Project Manager
Print Title

Contractor Name: <u>Bette & Cring, LLC</u>	Date: <u>25-Jul-25</u>
Address: <u>18438 US Rte 11</u> <u>Watertown, NY 13601</u>	County: <u>St. Lawrence</u>
Telephone No: <u>315-782-0074</u>	Trade: <u>Laborer Group 1</u>

WAGE RATE PER HOUR		REGULAR BASE RATE	OVERTIME RATE	DBL TIME RATE
		\$30.78	\$15.39	\$30.78
PAYROLL TAXES AND INSURANCE				
F.I.C.A. / Social Security		6.20	%	
Medicare		1.45	%	
Federal Unemployment		0.60	%	
State Unemployment		9.90	%	
Workman's Compensation	Code: <u>5403</u>	13.22	%	
Disability		0.00	%	
Bodily Injury/Property Damage/Liability Insurance		5.68	%	
TOTAL TAXES AND INSURANCE PER HO				
Regular	<u>\$30.78</u>	times	<u>37.05</u>	% = \$11.40
Workman's Comp is not calc on premium time Premium	<u>\$15.39</u>		<u>18.15</u>	\$2.79
DBL	<u>\$30.78</u>		<u>18.15</u>	\$5.59

BENEFITS				
	% per hour	\$ per hour		
Health & Welfare	*	77.12%	\$23.74	
Pension		11.34%	\$3.49	
Vacation & Holiday				
Annuity				
Education / Apprentice Training				
Supplemental Unemployment				
Security Fund				
Taxes on Health & Welfare			\$8.79	
			\$	<u>27.23</u>
TOTAL BENEFITS PER HOUR				
			\$27.23	
TOTAL LABOR RATE				
			\$78.21	\$18.18
				\$36.37
<input type="checkbox"/> All benefits are paid directly to Employee. <input type="checkbox"/> Only benefits identified by * above are paid directly to Employee.				

CONTRACTOR'S CERTIFICATION

I certify that the labor rates, insurance enumerations, labor fringe enumerations and expenses are correct and in accordance with actual and true cost incurred.

Signature

Sworn before me this _____ day
of _____, 20__

Print Name of Authorized Representative

Notary Public

Project Manager

Print Title

Contractor Name: <u>Bette & Cring, LLC</u>	Date: <u>25-Jul-25</u>
Address: <u>18438 US Rte 11</u> <u>Watertown, NY 13601</u>	County: <u>St. Lawrence</u>
Telephone No: <u>315-782-0074</u>	Trade: <u>Operator Class A</u>

WAGE RATE PER HOUR	REGULAR BASE RATE	OVERTIME RATE	DBL TIME RATE
	\$48.11	\$24.06	\$48.11
PAYROLL TAXES AND INSURANCE			
F.I.C.A. / Social Security	6.20	%	
Medicare	1.45	%	
Federal Unemployment	0.60	%	
State Unemployment	9.90	%	
Workman's Compensation Code: <u>6217</u>	4.50	%	
Disability	0.00	%	
Bodily Injury/Property Damage/Liability Insurance	5.68	%	
TOTAL TAXES AND INSURANCE PER HO	Regular <u>\$48.11</u> times <u>28.33</u> % =		\$13.63
Workman's Comp is not calc on premium time	Premium <u>\$24.06</u>	<u>18.15</u>	\$4.37
	DBL <u>\$48.11</u>	<u>18.15</u>	\$8.73

BENEFITS			
	% per hour	\$ per hour	
Health & Welfare	*	56.74%	\$27.30
Pension		10.02%	\$4.82
Vacation & Holiday			
Annuity			
Education / Apprentice Training			
Supplemental Unemployment			
Security Fund			
Taxes on Health & Welfare			\$7.73
		\$	<u>32.12</u>
TOTAL BENEFITS PER HOUR			\$32.12
TOTAL LABOR RATE			\$101.59
			\$28.42
			\$56.84
<input type="checkbox"/> All benefits are paid directly to Employee. <input type="checkbox"/> Only benefits identified by * above are paid directly to Employee.			

CONTRACTOR'S CERTIFICATION

I certify that the labor rates, insurance enumerations, labor fringe enumerations and expenses are correct and in accordance with actual and true cost incurred.

Signature

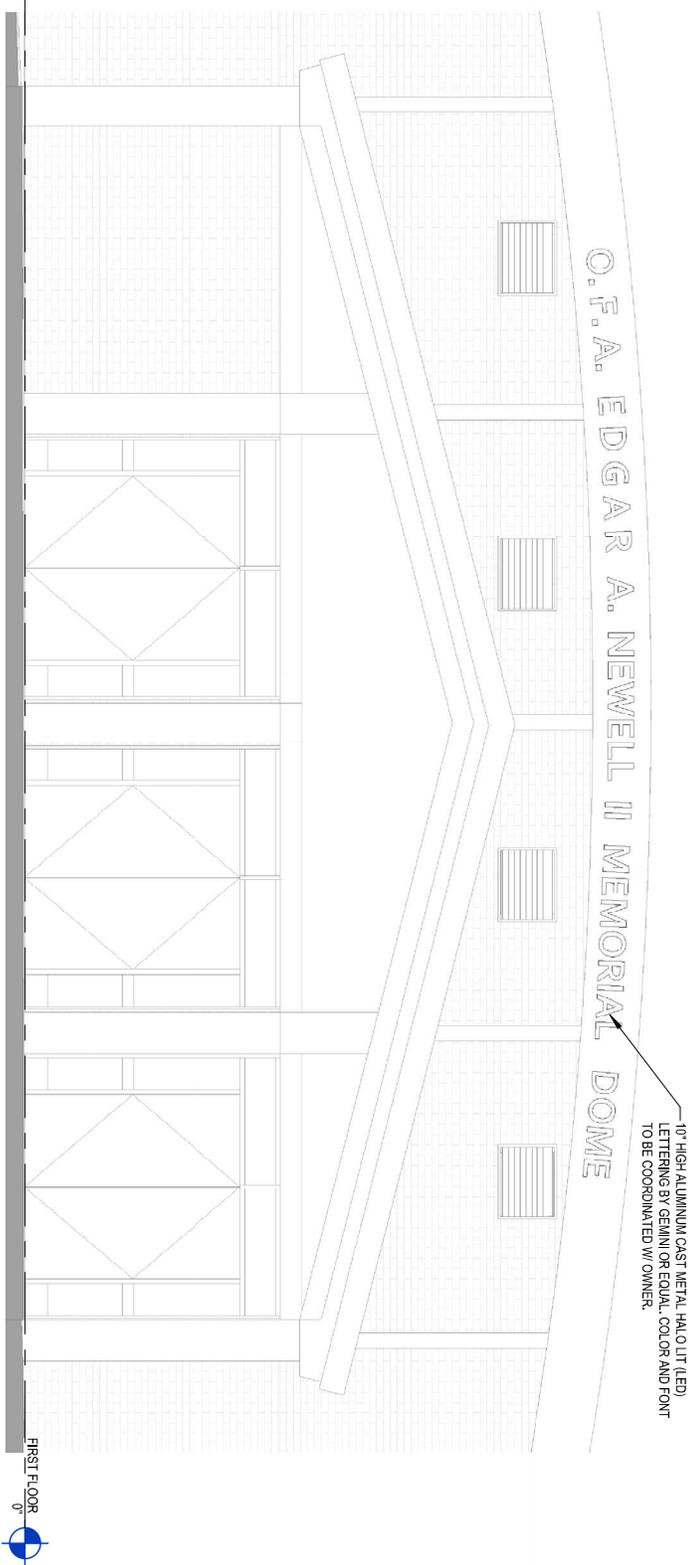
Sworn before me this _____ day
of _____, 20__

Print Name of Authorized Representative

Notary Public

Project Manager

Print Title



1

EXTERIOR ELEVATION - SIGN OPTION 1
SCALE: 1/4" = 1'-0"



OGDENSBURG CITY SCHOOL DISTRICT
OGDENSBURG FREE ACADEMY / GOLDEN DOME
CAPITAL IMPROVEMENTS PROJECT - PHASE 1
Ogdensburg - St. Lawrence County - New York



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REVISIONS

DRAWN BY	PROJECT NUMBER
TCG	2022-014A
CHECKED BY	DATE
SMT	06/10/2025
EXTERIOR SIGNAGE	

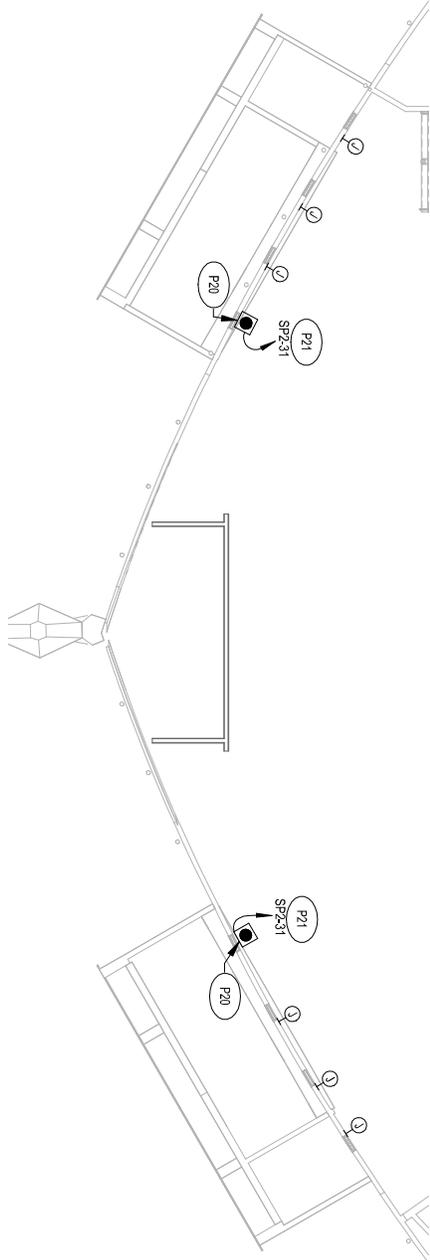
SHEET NUMBER

JC1-03

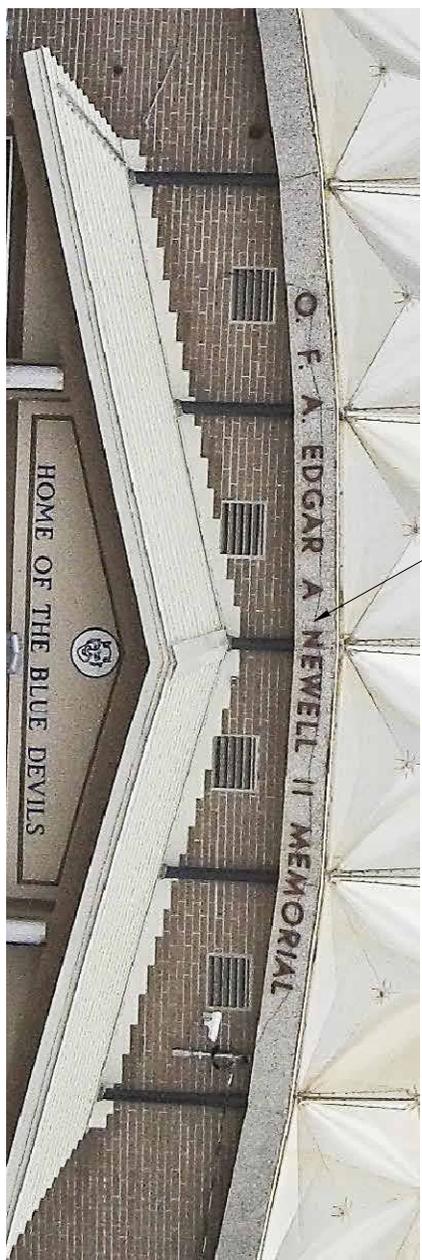
BID SET

KEYNOTE LEGEND

- P20 INSTALL BACK LIT SIGNAGE LED DRIVERS ON WALL DIRECTLY BEHIND SIGNAGE IN A NEMA 1 ENCLOSURE. PROVIDE 1" CONDUIT FROM BOX TO A SERIES OF SIGNAL GANG JUNCTION BOXES SHOWN. PROVIDE POWER CIRCUIT TO DRIVER. THEN PROVIDE LOW VOLTAGE WIRING FROM DRIVER TO EACH JUNCTION BOX. CORE DRILLING THRU EXTERIOR WALL TO LED LIGHTING AT LETTERING.
- P21 PROVIDE AN ELECTRONIC TIME CLOCK NEXT TO PANEL. SP21 RUN CIRCUIT FEEDING BACK LIT SIGN THRU TIME CLOCK.
- P22 DISCONNECT AND REMOVE EXISTING WIRING RUNNING THRU EXISTING LETTERING.



1 PARTIAL POWER PLAN
SCALE: 1/16" = 1'-0"



2 PHOTO
SCALE: NOT TO SCALE

OGDENSBURG CITY SCHOOL DISTRICT
OGDENSBURG FREE ACADEMY / GOLDEN DOME
CAPITAL IMPROVEMENTS PROJECT - PHASE 1
Ogdensburg - St. Lawrence County - New York



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REVISIONS

DRAWN BY	PROJECT NUMBER
ARM	2022-014A
CHECKED BY	DATE
SGV	08/12/2025
DOME EXTERIOR	

SHEET NUMBER

JC1-08



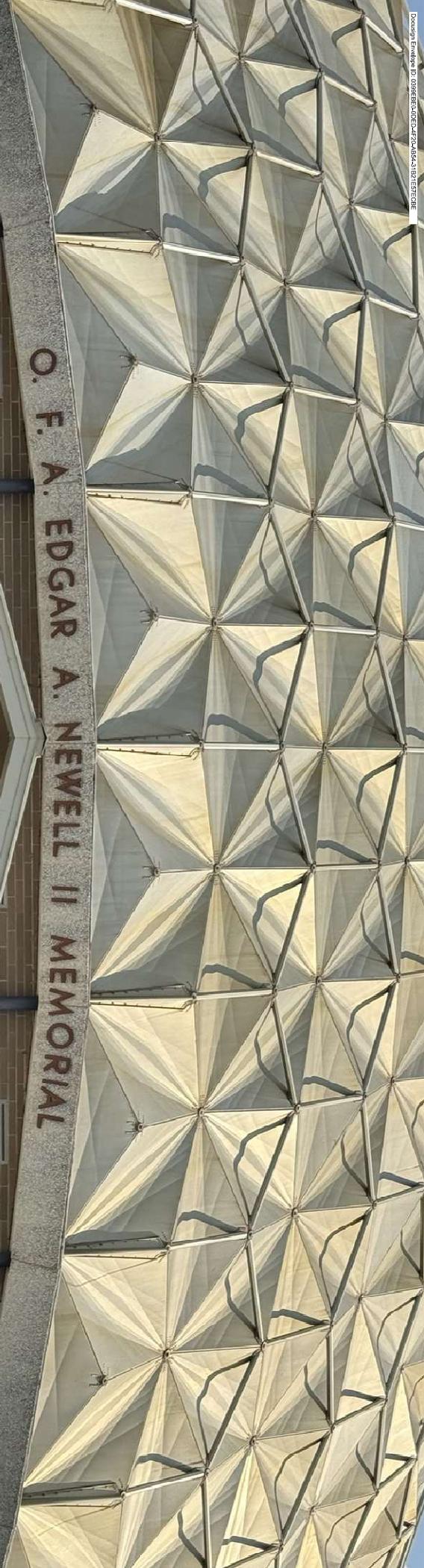
O. F. A. EDGAR A NEWELL II MEMORIAL

HOME OF THE BLUE DEVILS



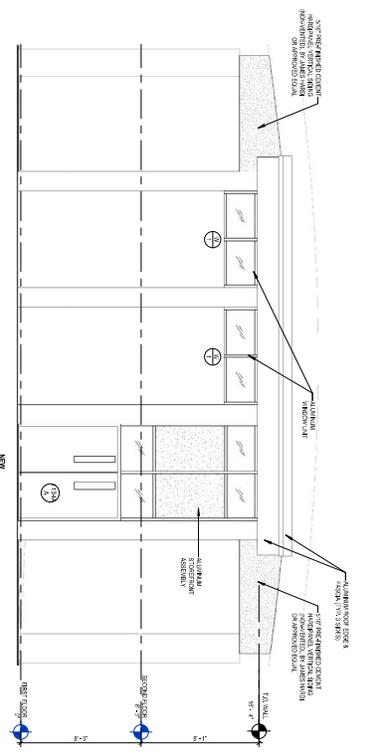
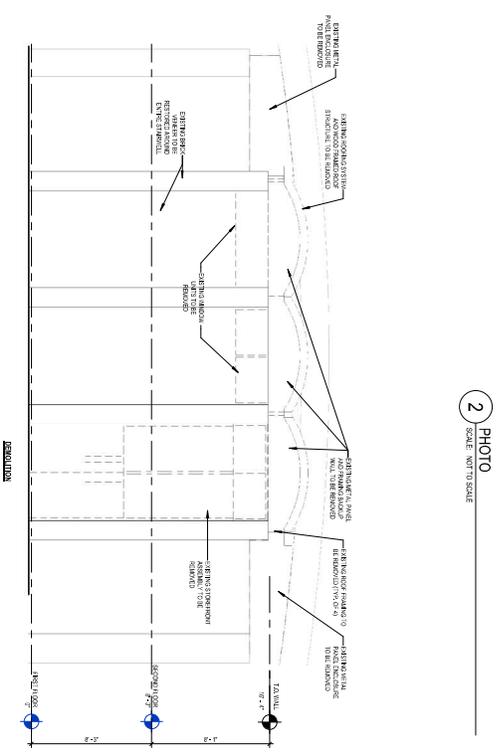
O. F. A. EDGAR A. NEWELL II MEMORIAL

HOME OF THE BLUE DEVILS

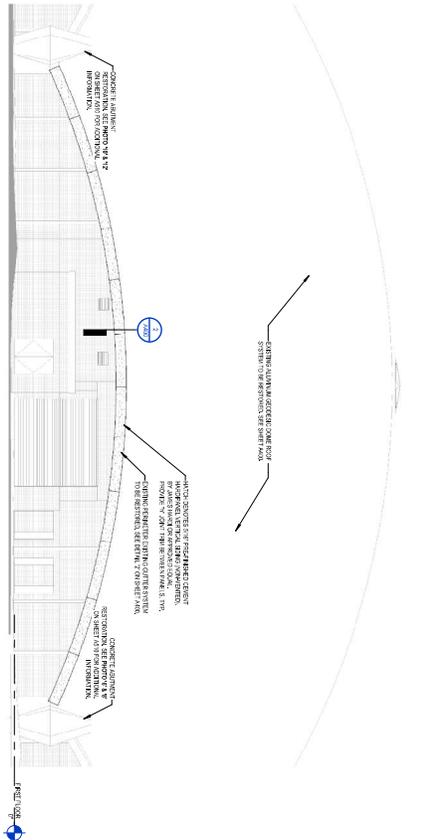


STAIRWELL MASONRY RESTORATION NOTES

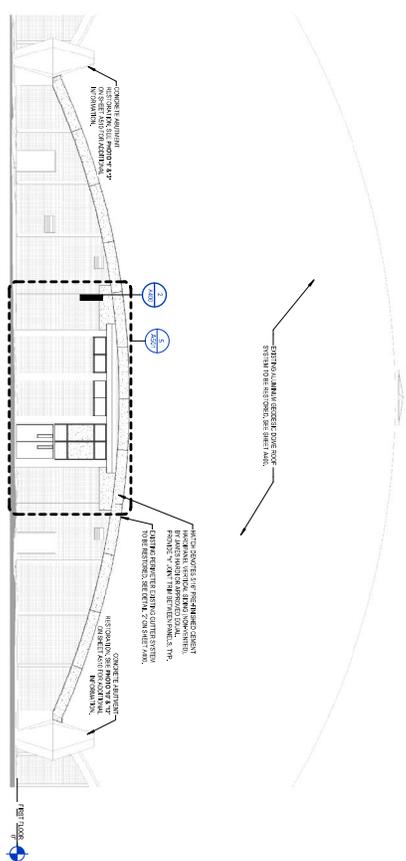
1. RESTORE EXISTING STAIRWELL MASONRY TO ORIGINAL CONDITION OF CONSTRUCTION.
2. REMOVE AND REPAIR ALL CRACKING, DISINTEGRATION, AND WEAR TO EXISTING STAIRWELL MASONRY. REPAIRS SHALL BE MATCHED TO EXISTING MASONRY IN COLOR, TEXTURE, AND FINISH.
3. REPAIRS SHALL BE MATCHED TO EXISTING MASONRY IN COLOR, TEXTURE, AND FINISH. REPAIRS SHALL BE MATCHED TO EXISTING MASONRY IN COLOR, TEXTURE, AND FINISH.
4. REPAIRS SHALL BE MATCHED TO EXISTING MASONRY IN COLOR, TEXTURE, AND FINISH. REPAIRS SHALL BE MATCHED TO EXISTING MASONRY IN COLOR, TEXTURE, AND FINISH.



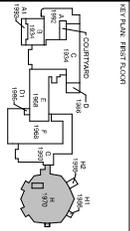
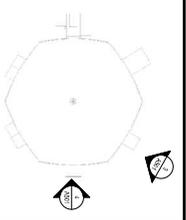
5 ENLARGED EXTERIOR ELEVATION
SCALE: 1/4" = 1'-0"



3 EXTERIOR ELEVATION
SCALE: 3/32" = 1'-0"



4 EXTERIOR ELEVATION
SCALE: 3/32" = 1'-0"



BCA Architects & Engineers
Architects
Engineers

BCA ARCHITECTS & ENGINEERS

PROJECT NAME	GOEDENBURG CITY SCHOOL DISTRICT GOEDENBURG FREE ACADEMY GOLDEN DOME CAPITAL IMPROVEMENTS PROJECT - PHASE 1
PROJECT NUMBER	1B
DATE	08/01/2025
DESCRIPTION	GOEDENBURG CITY SCHOOL DISTRICT GOEDENBURG FREE ACADEMY GOLDEN DOME CAPITAL IMPROVEMENTS PROJECT - PHASE 1 GOEDENBURG, St. Lawrence County, New York
OWNER	GOEDENBURG CITY SCHOOL DISTRICT
DESIGNER	BCA ARCHITECTS & ENGINEERS
DATE	08/01/2025
PROJECT NUMBER	1B
DATE	08/01/2025
DESCRIPTION	GOEDENBURG CITY SCHOOL DISTRICT GOEDENBURG FREE ACADEMY GOLDEN DOME CAPITAL IMPROVEMENTS PROJECT - PHASE 1 GOEDENBURG, St. Lawrence County, New York

1B A501
BD SET



CHANGE ORDER CERTIFICATION

Must be attached to back of Change Order

THE STATE EDUCATION DEPARTMENT
THE UNIVERSITY OF THE STATE OF NEW YORK / Albany, NY 12234
 Office of Facilities Planning, Room 1060 Education Building Annex
 Tel. (518) 474-3906 Fax (518) 486-5918
 www.emsc.nysed.gov/facplan/

Instructions: This CERTIFICATION is required for all change orders submitted to SED
 Fill out all three parts completely.

Change Order Number:
1-02

Part One - General Information

Provide separate Change Orders for each Project Number

SED Project Number	5	1	2	3	0	0	1	0	0	0	7	0	2	6
	District BEDS Code						Building Identification Number				Project number			

District & Building Name Ogdensburg City School District - Ogdensburg Free Academy / Golden Dome

Type of Project Reconstruction /Alteration Addition & Alteration New Building Other

Project Description Capital Improvements Project - Phase 1

Architect / Engineer firm BCA Architects & Engineers 15 Public Square Watertown, NY 13601
name address

Contact Person Shawn M. Travers, R.A. Principal/Architect (315) 782-8130 stravers@thebcgroup.com
name & title phone number & e-mail

Construction Manager firm C&S Engineers, Inc. 499 Col Eileen Collins Blvd Syracuse NY 13212
name address

Contact Person Jessica R. Miller, P.E. Project Manager (315) 703-4383 jmiller@cscos.com
name & title phone number & e-mail

District Contact Person Kevin Kendall, Superintendent of Schools (315) 393-0900 kkendall@ogdensburgk12.org
name & title phone number & e-mail

Part Two

Provide the following information for each individual item in the change order:
 (Number each item if there is more than one and provide additional sheets as necessary.)

- A. **Requested By** (Who initiated the change request)
- B. **Relationship to Project Scope** (How is this change related to the original project scope)
- C. **Basis of Need** (Describe why the change is needed)
- D. **Description of Work** (Provide a detailed description of the work or services provided in the change order. Provide text, a drawing or both as necessary to demonstrate code compliance and the individual cost of each item.)

A.	Owner Requested.
B.	Under the Capital Project, the existing aggregate roof fascia panel was scheduled to be replaced at the Golden Dome as per Contract Drawing (Building No. 1B) A400, A500, & A501.
C.	During construction, the existing memorial building lettering was to be removed with the roof fascia panels above the main entrance doors. The existing lettering was original to the building, beyond its useful life, and not fit for re-use with the new fiber cement panels. As such, the Owner requested replacement lettering to honor prominent community member Edgar A. Newell II and commemorate the buildings 50-year plus history.
D.	Add for all labor, materials & equipment to provide new halo lit LED building lettering to replace existing lettering located along the roof fascia above the (2) main entrances into the Golden Dome as per Contract Drawing JC1-03 & JC1-08.

CHANGE ORDER CERTIFICATION

Part Three

1	Change order requirements:
<ul style="list-style-type: none"> ✓ The scope of the change order must relate to the project scope previously approved. ✓ Dollar amounts applied from allowances toward costs associated with the changes must be provided. ✓ If the cost of this change order is not within the approved amount as currently established on the SA-4, please provide a Form FP-FI, Request for Revision of Financial Information, with documentation showing the additional authorization of funds. ✓ Each change order shall be signed by the president of the board of education, the architect/engineer, and the contractor. 	

2	Certification of the Superintendent of Schools (District Superintendent if a BOCES project)
<p>The following statements are true and correct to the best of my knowledge and belief:</p> <ul style="list-style-type: none"> ● The revised total cost is within the authorized appropriation for this project. ● Where any work of this change order requires a type or kind of work that is not included in the original contract documents, the school district's attorney has been contacted to assure conformance with the Opinion of the State Comptroller No. 60-505. 	
<hr style="width: 100%;"/> <p>Date</p>	<hr style="width: 100%;"/> <p>Kevin Kendall, Superintendent of Schools</p>

3	Certification of the Architect or Engineer
<p>The following statements are true and correct to the best of my knowledge and belief:</p> <ul style="list-style-type: none"> ● Work required by this change order is in accordance with applicable sections of the approved contract documents. ● Any plan, sketch, or attachment referenced In this change order is included herein. ● Work required by this change order is in accordance with applicable provisions of the NYS Uniform Fire Prevention and Building Code, State Education Department's building standards, and NYS Department of Labor's Code Rule 56. ● Work required by this change order was designed by an architect or engineer who is currently licensed by the State of New York. ● Work required by this change order that involves asbestos-containing building material (ACBM) was designed by an architect or engineer who is currently licensed by the State of New York and who is appropriately certified as an asbestos designer by the NYS Department of Labor at the time he/she designed the asbestos-related project. 	
<hr style="width: 100%;"/> <p>2/25/26</p> <hr style="width: 100%;"/> <p>Date</p>	<p>BCA Architects & Engineers</p> <hr style="width: 100%;"/> <p>Architectural / Engineering Firm Name</p> <div style="text-align: center;">  </div> <hr style="width: 100%;"/> <p>Shawn M. Travers, R.A.</p>