

**HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)
CHANGE ORDER**

Agency (CAA): _____ Technician Name: _____
 _____ Technician Phone: _____
 _____ Technician Email: _____

Applicant: _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Date: _____

Grant \$15,000.01 or Greater (pre-approval required) **Grant \$15,000.00 or Less** (pre-approval not required)

INSTRUCTIONS: Number Change Orders in order of submission dates. Projects that cost \$15,000.01 or greater must receive MaineHousing approval before the work can commence. *Change Orders* requiring additional funding must be accompanied by a *Change Order Invoice* to be eligible for payment. Photographs must accompany the *Change Order* when applicable. *Change Orders* and supporting documentation must be retained in the CAA's project file.

Change Order # _____ Prepared By: _____

Item Number*	Description of Change	Cost Change
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL AMOUNT REQUESTED		\$

*Please use section number from Job Standards and Specifications (Appendix A of Construction Contract).

Original Contract Amount: \$ _____ **Change Order Amount:** \$ _____
Updated Contract Amount: \$ _____

Contract Time Extended by _____ **calendar days** **New Completion Date:** _____
 Contract Time Not Extended

This Change Order is made a part of the Contract, and the parties have hereto set their signatures:

Applicant (Owner) Signature	Date
Co-Applicant (Owner) Signature	Date
Contractor Representative Signature	Date
CAA Technician Signature	Date

MAINEHOUSING APPROVAL

Projects that exceed \$15,000 must receive MaineHousing approval before the work can commence. MaineHousing's signature serves as approval or denial for this Change Order.

APPROVED _____ **DENIED** _____

MaineHousing Representative Signature	Date	MaineHousing Representative Signature	Date
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