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	$ 0.00

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

Original Contract Amount: $ _____ **Change Order Amount:** $ 0.00

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:

_____ Date _____

Applicant (Owner) Signature

_____ Date _____

Co-Applicant (Owner) Signature

_____ Date _____

Contractor Representative Signature

_____ Date _____

CAA Technician Signature

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