

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP) CHANGE ORDER

Agency (CAA): _____
 CAA Address: _____
(Street, City, State, Zip)

CAA Technician Name: _____
 CAA Technician Phone: _____
 CAA Technician Email: _____

Applicant Name: _____
 Property: _____
(Street, City, State, Zip)

Co-Applicant Name: _____
 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

Updated 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 (Co-Owner) Signature _____

Date

Contractor Representative Signature _____

Date

CAA Technician Signature _____

Date

COMPLETED BY MAINEHOUSING

Projects that exceed \$15,000.01 must receive MaineHousing approval before the work can commence. MaineHousing's signature serves as approval or denial for this Change Order.

PO APPROVED

PO DENIED

Tech APPROVED

Tech DENIED

MaineHousing Program Officer Signature Date

MaineHousing Technician Signature Date