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

Agency (CAA): CAA Address:					
Applicant Name:	(Street, City, State, Zip)		CAA Technician Phone: CAA Technician Email: Co-Applicant Name:		
Property: (Street, City, State, Zip)			Contract Date:		
Grant \$15,000.01	or Greater (pre-approval req	uired)	Grant \$15,000.00 or Less (pre-ap	proval not required)	
receive MaineHousi accompanied by a	ng approval before the work ca a <i>Change Order Invoice</i> to b	n commence. <i>C</i> e eligible for pa	ssion dates. Projects that cost \$15,0 Change Orders requiring additional syment. Photographs must accompation must be retained in the CAA's	funding must be pany the <i>Change Order</i>	
Change Order #		Pro	epared By:		
Item Number*	Desc	Description of Change - Explain in Detail		Cost Change	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
			TOTAL AMOUNT REQUESTED	\$	
*Please use section	number from Job Standards ar	nd Specifications	(Appendix A of Construction Contract).	
Original Contract Am	nount: _\$		Change Order Amount:	\$	
All Contract Extensions must be pre-approved				\$	
_					
Contract Time Extended Contract Time Not Ex	ded by ca	liendar days	Updated Completion Date:		
		of the Contract,	and the parties have hereto set thei	r signatures:	
Applicant (Owner) Signature			Date		
Co-Applicant (Co-Owner) Signature			Date		
Contractor Representative Signature			Date		
CAA Technician Signatur	re		Date		
	CON	IPLETED BY MA	AINEHOUSING		
Projects that excees signature serves as	ed \$15,000.01 must receive Ma s approval or denial for this Cha	ineHousing appr ange Order.	oval before the work can commence.	MaineHousing's	
PO APPRO	OVED PO DENIED		Tech APPROVED	Tech DENIED	
MaineHousing Progra	am Officer Signature	Date	MaineHousing Technician Signature	Date	

MaineHousing Notes: