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

Agency (CAA):  CAA Address:  Applicant Name:  Property:	(Street, City, State, Zip)  (Street, City, State, Zip)		CAA Technician Name:  CAA Technician Phone:  CAA Technician Email:  Co-Applicant Name:  Contractor:  Contract Date:	
INSTRUCTIONS		s in order of subm	Grant \$15,000.00 or Less (pre- ission dates. Projects that cost \$1	5,000.01 or greater must
accompanied by	a Change Order Invoice t	o be eligible for pa	Change Orders requiring addition ayment. Photographs must acco ation must be retained in the CA	mpany the <i>Change Order</i>
Change Order #		Pr	epared By:	
Item Number*	D	Description of Change - Explain in Detail		Cost Change
				\$
				\$
				\$
				\$
-				\$
				\$
			TOTAL AMOUNT REQUESTE	Ψ
*Please use sectio	n number from Job Standard	ls and Specifications	s (Appendix A of Construction Contra	act).
Original Contract Amount: \$			Change Order Amount:	\$
All Contract Extensions exceeding 45 days must be pre-approved			Updated Contract Amount:	\$
Contract Time Exte	nded by		Updated Completion Date:	
Contract Time Not I		art of the Contract,	and the parties have hereto set th	neir signatures:
Applicant (Owner) Signature			Date	
Co-Applicant (Co-Owner) Signature			Date	
Contractor Representative Signature			Date	
CAA Technician Signat	ure		Date	
	C	OMPLETED BY M.	AINEHOUSING	
	eed \$15,000.01 must receive as approval or denial for this		roval before the work can commence	e. MaineHousing's
PO APPROVED PO DENIED		IIED	Tech APPROVED	Tech DENIED
MaineHousing Program Officer Signature		Date	MaineHousing Technician Signature	Date

MaineHousing Notes: