

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
 MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

CHANGE ORDER

Project Funding: State Lead Federal Lead Healthy Homes DHHS **Project Type:** Single-Family Multi-Family
Agency (CAA): _____ CAA Contact Name: _____
Agency Address: _____ CAA Contact Title: _____
 _____ CAA Contact Phone: _____
 _____ CAA Contact Email: _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Contractor: _____
	Contract Amount: \$ _____
	Contract Date: _____

INSTRUCTIONS: Number Change Orders in order of submission dates. *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 Order # _____ **Prepared By:** _____

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

*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

Is a permit required? **yes** **no** **If yes, has the permit been pulled?** **yes** **not yet**

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
Lead Designer Signature	Date
Lead Designer Name	

_____ MaineHousing Program Officer	PO Approved PO Denied	Date _____
_____ MaineHousing Program Technician	Tech Approved Tech Denied	Date _____