

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 **Project Type:** Single-Family Multi-Family
Agency (CAA): _____ CAA Contact Name: _____
 _____ CAA Contact Title: _____
 _____ CAA Contact Phone: _____
 _____ CAA Contact Email: _____

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

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 _____ MaineHousing Program Manager	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Date _____
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