

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): _____ Property: _____ | Co-Applicant: _____ 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

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