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

Agency (CAA): CAA Address:				CAA Technician Name: CAA Technician Phone:	
	(Str	eet, City, State, Zip)		CAA Technician Email:	
Applicant Name:				Co-Applicant Name:	
				Contractor:	
Property:	(Si	(Street, City, State, Zip)		Contractor:	
				Contract Date:	
Grant \$15,0	00.01 or Greater	(pre-approval requir	ed)	Grant \$15,000.00 or Less (pre-ap	pproval not required)
receive Maine accompanie	eHousing approval bed d by a <i>Change Ore</i>	efore the work can o der Invoice to be e	commence. <i>C</i> eligible for pa	ission dates. Projects that cost \$15,6 Change Orders requiring additional syment. Photographs must accomation must be retained in the CAA's	funding must be pany the <i>Change Order</i>
Change Orde	er#		Pr	epared By:	
Item Num	ıber*	Description of Change - Explain in Detail			Cost Change
-					\$
					\$
					\$
					\$ \$
-				TOTAL AMOUNT REQUESTED	· ·
*Please use s	ection number from	Joh Standards and	Specifications	(Appendix A of Construction Contract	Ψ
			•		
Original Contract Amount: \$				Updated Contract Amount:	\$
If contract extension needed for EMG projects that push the EMG projects					
	timeframe, pre-appro	. ,			
Contract Time		cale		Updated Completion Date:	
Contract Time	Not Extended	All Contract Exten	sions exceedi	ng 45 days must be pre-approved	
٦	Γhis <i>Change Order</i>	_		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 Signature				Date	
		COMPI	ETED BY MA	AINEHOUSING	
	exceed \$15,000.01 exceed sas approval or c			oval before the work can commence.	MaineHousing's
РО	APPROVED	PO DENIED		Tech APPROVED	Tech DENIED
MaineHousing	g Program Officer Signa	ature	Date	MaineHousing Technician Signature	Date

MaineHousing Notes: