

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

CHANGE ORDER

Project Funding: State Lead (N261) State Lead (Z267) Federal Lead Healthy Homes DHHS

Agency (CAA): _____ CAA Contact Name: _____

Agency Address: _____ CAA Contact Title: _____

Project Type: Single-Family Multi-Family 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. No cost *Change Order*, contract extensions, must be pre-approved by MaineHousing.

Change Order # _____ **Prepared By:** _____

Item Number*	Description of Change - Explain in Detail	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 Extensions exceeding 45 days Must be pre-approved by MaineHousing

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 _____	
Contractor Signature _____	Date _____

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

MaineHousing Notes: