

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 Healthy Homes Production 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): _____ **Co-Applicant:** _____
_____ **Contractor:** _____
Change Order **Contract Amount:** \$ _____
Funding Source: **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. 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	
MaineHousing Program Officer	PO Approved PO Denied Date
MaineHousing Program Technician	Tech Approved Tech Denied Date

MaineHousing Notes: