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

## **CHANGE ORDER**

	State Lead (N261)	State Lead (Z267)	Federal Lea	d Healthy H	omes	Healthy Hom	nes Production	DHHS
Agency (CAA):								
Agency Address:				CAA Contact				
Project Type: [	☐ Single-Family	☐ Multi-Family						
A		Single-Family I						
Applicant (Owner):				Co-Applicant: Contractor:				
	-			Contract Amoun				
Change Order Funding Source:				Contract Date:				
INSTRUCTIONS: must be accompa Change Order wh	nied by a <i>Char</i>	nge Order Invoice	e to be eligib	le for payment.	Photog	raphs mus	st accompany	the T
Change Order #			Prep	ared By:				
Item Number*		Description of Change - Explain in Detail						hange
							\$	
							\$	
TOTAL AMOUNT REQUESTED						JESTED	\$	
*Use section number from Job Standards and Specifications (Appendix A of Construction Contract).								
Original Contract	t Amount:	\$						
Change Order Ar	mount:	\$ \$		Updated C	ontract	Amount:	\$	
☐ Contract Time Contract Extensi	-		-					
Is a permit requir		the permit been pulled?			not yet			
This Change Ord	larie mada a r	part of the Contr	act and the	narties have	harata s	eat thair s	ianatures:	
This Change Ord	iei is iliaue a p	oart of the Conti	act, and the	parties riave		set then s	igilatures.	
Applicant (Owner) Signature				_	Date			
					Date			
Co-Applicant (Co-Own	er) Signature				ъ.			
Lead Designer Signatu	ıre			_	Date			
Lead Designer Name					Data			
Contractor Signature					Date			
Contractor Name				<u> </u>				
	000			PO Approved		Date		
MaineHousing Pro	gram Officer			PO Denied Tech Approved		Date		
MaineHousing Pro	gram Technician			Tech Denied				
MaineHousing Program	Technician if CAA	selects FL or HH as	CO funding sou	urce, corroborate if		FL or	НН	

**MaineHousing Notes:**