

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

Project Type: Single-Family Multi-Family

Agency (CAA): _____

Technician Name: _____
 Technician Phone: _____
 Technician Email: _____

| | |
|---------------------------------|----------------------------------|
| Applicant (Owner): _____ | Co-Applicant: _____ |
| Property: _____ _____ | 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 | | \$ |

*Please 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/Risk Assessor Signature | Date |
| Contractor Signature | Date |

| | | |
|-------------------------------|-----------------------------------|------------|
| MaineHousing Program Officer | <input type="checkbox"/> APPROVED | Date _____ |
| MaineHousing Rehab Specialist | <input type="checkbox"/> DENIED | |