



# CHANGE ORDER NO.

**Jurisdiction:** (enter City | County) \_\_\_\_\_

*Change Order Form for Construction Contracts Under a Reimbursement Agreement.*

## PART I.

Project: **Project** \_\_\_\_\_ Change Order Date: \_\_\_\_\_

Agreement Type: (RBBB, TUMF, CFD, Other) \_\_\_\_\_ Agreement Date: \_\_\_\_\_  
Discrete Component: Improvement

Contractor: Name \_\_\_\_\_ Developer: Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

## PART II.

Plan Revision Required:  Yes  No  
Field Change Required:  Yes  No

Description of Work:

(edit to insert description, name / contact from agency requesting change, etc.). This will also have the description of the change order.

Breakdown of Change Order:

| Item          | Description          | Qty | Unit Measure | Unit Cost | Total | Eligible for Reimbursement |               |
|---------------|----------------------|-----|--------------|-----------|-------|----------------------------|---------------|
|               |                      |     |              |           |       | Fund Source 1              | Fund Source 2 |
| (insert no.)  | (insert description) |     | XX           |           |       |                            |               |
| (insert no.)  | (insert description) |     | XX           |           |       |                            |               |
| (insert no.)  | (insert description) |     | XX           |           |       |                            |               |
| (insert no.)  | (insert description) |     | XX           |           |       |                            |               |
| <b>TOTAL:</b> |                      |     |              |           |       | -                          | -             |

**PART III.**

|  | <u>Reimbursable Amount</u> |               |               |
|--|----------------------------|---------------|---------------|
|  | Total                      | Fund Source 1 | Fund Source 2 |
| Original Contract Sum.....                             |                            |               |               |
| Net Change by Previously Authorized Change Orders..... |                            |               |               |
| The Contract Sum Prior to this Change Order.....       |                            |               |               |
| Contract Sum increased / (decreased) by this CO.....   |                            | -             |               |
| New Contract Sum (including this change order).....    |                            |               |               |

Change order changes the Contract time by: \_\_\_\_\_ (insert days, if applicable)  
 Completion Date (as of this Change Order) is: \_\_\_\_\_ (enter month/year)

**PART IV.**

Prepared by: \_\_\_\_\_  
Developer (Developer's Representative Name)
Date

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**AVAILABLE AGREEMENT TYPE FUNDS:**

|  |    |  |
|--|----|--|
| <i>(NAME) Available (refer to Exhibit (XX) of the Agreement):</i>    | \$ |  |
| Less: <i>Amount of Original Contract</i>                             | \$ |  |
| <i>Amount of previously approved change orders</i>                   |    |  |
| <i>Amount of this change order</i>                                   |    |  |
| <i>Amount of other Contracts/Change Orders affecting this budget</i> |    |  |
| <i>Balance Remaining in Available Funds</i>                          | \$ |  |

|  |    |  |
|--|----|--|
| <i>(NAME) Available (refer to Exhibit (XX) of the Agreement):</i>    | \$ |  |
| Less: <i>Amount of Original Contract</i>                             | \$ |  |
| <i>Amount of previously approved change orders</i>                   |    |  |
| <i>Amount of this change order</i>                                   |    |  |
| <i>Amount of other Contracts/Change Orders affecting this budget</i> |    |  |
| <i>Balance Remaining in Available Funds</i>                          |    |  |

**Part IV, (a) and (b):** to be filled out by Jurisdiction Representative:

a). In my opinion, the aforementioned work qualifies as a change in work and:

- Work Qualifies for Reimbursement       Work does not Qualify for Reimbursement

Is there any documentation / supporting correspondence from Jurisdiction for change in work? (if yes, see attached Field Document ):       Yes       No

b). Jurisdiction's Comments (required if representative does not concur with the change):

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Acknowledge by: \_\_\_\_\_  
Developer (Developer's Representative Name) Date

Acknowledge by: \_\_\_\_\_  
Contractor (Contractor's Representative Name) Date

Acknowledge by: \_\_\_\_\_  
Jurisdiction Construction (Representative Name) Date

Acknowledge by: \_\_\_\_\_  
Jurisdiction Fund Administrator (Representative Name) Date

*The above signed Jurisdiction Representative acknowledges that the change of work described above is required for this project.*

*The purpose of this acknowledgement is to allow for continued timely and thorough completion of the work.*