**cii505-OSSF**

**Texas Department of Agriculture**

**OSSF Construction Contract Change Order**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Locality (Name & Address): | | Contract For(project description): | | | | | Region:  TxCDBG Contract No.: | | |
| Contractor: (Name & Address)  Agreement Date:  Phone #: | | Homeowner: (Name & Address)  Phone #: | | | | | Change Order No. | | |
| Owner is requesting TDA review to determine eligibility of change order expenses. | | | | | | | | | |
| **Changes to Existing Line Items (Items from original bid or added in previous change order only)** | | | | | | | | | |
| Item No. | Item Description | | Current Quantity | Unit | | Unit Price | | Change in Quantity (+/-) | Change in Contract Price |
|  |  | |  |  | |  | |  |  |
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|  |  | |  |  | |  | |  |  |
| **New Items Requested (Items without a unit price in the original bid)**  **Provide Explanation (attach separate documentation if necessary):** | | | | | | | | | |
| Item No. | Item Description | | | Unit | | Unit Price | | Change in Quantity (+/-) | Change in Contract Price |
|  |  | | |  | |  | |  |  |
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|  |  | | |  | |  | |  |  |
| **Change in Contract Price** | | | | | **Change in Contract Time** | | | | |
| Original Contract Price: $ | | | | | Original Contract Time: days | | | | |
| Previous Change Order(s)  No. to No. $ | | | | | Net Change From Previous  Change Orders days | | | | |
| Contract Price Prior to  this Change Order $ | | | | | Contract Time Prior to  this Change Order days | | | | |
| Net Increase/Decrease of  this Change Order $ | | | | | Net Increase/Decrease of  this Change Order days | | | | |
| Contract Price With all  Approved Change Orders $ | | | | | Contract Time With all  Approved Change days | | | | |
| Cumulative % Change in Contract Price: % | | | | |  | | | | |

**Notice:** \* Generally, a cumulative change in the contract price in excess of 25% cannot be approved.

\* Reimbursement of costs submitted in this change order are subject to approval by the Department.

**See TxCDBG Project Implementation Manual Section 5.2.5.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Region: | | | TxCDBG Contract No.: | | | | |
| Grant Recipient: | | | Change Order No. | | | | |
| **JUSTIFICATION FOR CHANGE** | | | | | **Increase** | **Decrease** | **No Change** |
| 1. Effect of this change on scope of work: | | | | |  |  |  |
| 2. Effect on operation and maintenance costs: | | | | |  |  |  |
|  | | | | | **Yes** | **No** | **N/A** |
| 3. Will this Change Order change the number of beneficiaries or TxCDBG contract Performance Statement?  If yes, please attach Performance Statement modification request. | | | | |  |  |  |
| 4. Has this change created new circumstances or environmental conditions which may affect the project’s impact, such as concealed or unexpected conditions discovered during actual construction? | | | | |  |  | - |
| If “Yes”, is an Environmental Re-assessment required? | | | | |  |  |  |
| 5. Is the TCEQ clearance still valid? | | | | |  |  |  |
|  | | | | |  |  |  |
| 6. Are other TxCDBG contractual special condition clearance still valid? (If no, specify): | | | | |  |  | - |
| 7. If new items are included that were not included in the competitive bid, have the prices been determined to be reasonable? | | | | |  |  |  |
| **RECOMMENDED**:  **By:**  LOCALITY (Designated Representative)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **APPROVED**:  **By:**  LOCALITY (Chief Elected Official)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **APPROVED:**  **By:**  HOMEOWNER (Authorized Signature)  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **ACCEPTED**:  **By:**  CONTRACTOR (Authorized Signature)  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| To receive an email copy of the TDA response, provide information below:   |  |  |  | | --- | --- | --- | |  | Name | Email address | | Grant Recipient |  |  | | Admin Consultant |  |  | | Engineering Consultant |  |  | | | | | | | | |
| **For office use only:** | **Eligible Change Order** | | | | | | |
| Net Increase/Decrease of  this Change Order Requested $ | | | Net Increase/Decrease of  this Change Order Requested days | | | | |
| Net Increase/Decrease of  this Change Order Approved $ | | | Net Increase/Decrease of  this Change Order Approved days | | | | |
| Contract Price With all  Approved Change Orders $ | | | Contract Time With all  Approved Change Orders days | | | | |
| Notes: | | | | | | | |
| Regional Coordinator | | | | Date | | | |
| Manager | | | | Date | | | |