STATE OF COLORADO

OFFICE OF THE STATE ARCHITECT

STATE BUILDINGS PROGRAM

CHANGE ORDER

**Change Order Number:**

****State Agency/Institution****

Insert Department or IHE’s Full Legal Name

****Contractor / Consultant****

Insert Contractor’s Full Legal Name, including “Inc.”, “LLC”, etc.

****Original Contract Number****

Insert CMS Number or Other Contract Number of the Original Contract

****Change Order Contract Number****

Insert CMS Number or Other Contract Number of this Amendment

****Project Name****

Insert project name as provided in the Appropriation if applicable

****Project Number****

Insert project number assigned by the State Controller’s Office if applicable

Your Change Order Proposal(s), dated       is hereby being designated for approval of the following work:

(Note: If more space is needed for description of work, attach additional 8-1/2” x 11” sheets hereto.)

This change order was originated by the Contractor , Architect/Engineer , State  and I/We do hereby recommend acceptance and approval of the change to the Contractor’s Agreement Dated       which is by this reference, made a part hereof, and identified as Exhibit       with an increase , a decrease , no change , of $     .

The Time of Completion is  extended       calendar days  is unchanged , is reduced by      calendar days, from the total number of days listed in the Contractor’s Agreement to complete the entire Project. The revised total number of days to complete the entire Project aggregating this Change Order and previously approved Change Order(s) per the Summary of Changes chart below, is       calendar days. If the completion date was extended or reduced, the new completion date of the Project is       (M/D/YYYY).

|  |  |  |  |
| --- | --- | --- | --- |
| SUMMARY OF CHANGES | | | |
| Document | Description of Work/Date | Time of Completion in Calendar Days Extended/Reduced | Dollar Amounts |
| Original Agreement | Insert date Agreement was fully executed | MM/DD/YYYY |  |
| Amendment #1 | Brief Description | Insert # of Days |  |
| **Current Contract Sum (To Date):** | | Insert Total Days |  |

CONTRACT STATUS

Original Contract Value \_\_     \_\_\_\_\_\_

Previous increases by CO/Amend \_\_     \_\_\_\_\_\_

Previous decreases by CO/Amend \_\_     \_\_\_\_\_\_

Value After Prior CO’s/Amend \_\_     \_\_\_\_\_\_

This Contract  Increases  Decreases \_\_     \_\_\_\_\_\_

Contract Value \_\_     \_\_\_\_\_\_

SIGNATURE PAGE

# THE PARTIES HERETO HAVE EXECUTED THIS AGREEMENT

Each person signing this Change Order represents and warrants that the signer is duly authorized to execute this Agreement and to bind the Party authorizing such signature.

Project Number/Name: Insert OSC Project Number followed by Project Name

Contract ID No.: Insert CMS Number & Encumbrance Number

Architect/Engineer Firm Name and Title Signature/Date

Contractor (name of Firm) Name and Title Signature/Date

Institution or Agency Name and Title Signature/Date

State Buildings Program Signature/Date

Name and Title

Controller or authorized Delegate Signature Effective Date

Name and Title