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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Line Item/Date | Pre-Const. Services Fee | | Construction Services Fee | General Conditions Fee | Direct Cost of Work | Dollar Amount |
| Original Contract Date |  | |  |  |  |  |
| Amend. #\_\_ |  | |  |  |  |  |
| Hide line if not used |  | |  |  |  |  |
| Hide line if not used |  | |  |  |  |  |
| **Current Contract Sum (to Date)** |  | |  |  |  |  |
| (Intentionally left blank) |  |  | |  |  |  |
| Bidding & Construction Contingencies: | | | | | |  |
| Guaranteed Maximum Price: | | | | | |  |
| Current Fixed Limit of Construction Cost: | | | | | |  |

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.

CONSULTANT/CONTRACTOR

INSERT: Legal Name of Consultant/Contractor

By: Name & Title of Person Signing for Consultant/Contractor

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF COLORADO

Jared S. Polis, Governor

INSERT: Name of Agency or IHE

INSERT: Name & Title of Head of Agency / IHE

By: Name & Title of Person Signing for Agency or IHE

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE OF THE STATE ARCHITECT

State Buildings Program

By: Name & Title of Person Signing for State Buildings

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE CONTROLLER

Robert Jaros, CPA, MBA, JD

By: Controller Delegate

Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_