OMB Control No. 0610-0096 Expiration Date: xx/xx/20xx

ECONOMIC DEVELOPMENT ADMINISTRATION

CHANGE ORDER FORM

EDA Award Number:		Date:	
Recipient:			
Co-Recipient(s):			
Recipient's Authorized	Representative:	Name & Pho	
		Name & Pho	one Number
Construction Contract No.	Contractor Name		Change Order No.
The Change Order will provide Change Order Justification (I	de for the following:	it cost in bid proposal o	r schedule of values):
	TOTAL	EDA Funded Amount	* Non-EDA Funded Amou
Original Contract Amount	\$	\$	\$
Current Contract Amount adjusted by previous Change Orders	\$	\$	\$
This Change Order will (increase) (decrease the Contract Amount by:	e) \$	\$	\$
The original, scheduled date of completion is/was:			
completion is/was:	g \$	\$	\$
completion is/was: The new Contract Amount including	3	\$ calendar days	
completion is/was: The new Contract Amount including this Change Order will be: The Contract Time will (increase)(decrease the schedule by:	e) calendar days		calendar day
completion is/was: The new Contract Amount including this Change Order will be: The Contract Time will	e) calendar days all (Date)	calendar days (Date)	calendar day

Prepared By (Typed or Written Name & Title)