



**R O C H E S T E R
Housing Authority**

Rochester Housing Authority
495 Upper Falls Blvd.
Rochester, NY 14605
(585) 697-7164 fax

Date of Change Order Request: _____ Change Order #: _____ Elec GC HVAC Plumb

(Contractor Name) *(Street Address)* *(City, State, Zip)*

Project Address: _____

Contract Start Date: _____ Project NY-41: _____ PO #: _____ PO Date: _____

Contract #: _____ For the following work: _____

(Job description - Vacancy Rehab, Roof Replacement, etc.)

Finding of Facts:

Facts:

Finding:

Presented by (SrPRS Signature) _____ date _____

Subject to conditions herein after set forth, an equitable adjustment of the contract price and the contract time is established, as follows:

- 1. The Original Contract Price _____
- 2. Total of all previously approved Change Orders, use - (minus) sign for deduction:..... _____
- 3. Contract sum prior to this CO (Line 1 + Line 2) _____
- 4. Specify which cost will change, use - (minus) sign for deduction:
 - Architectural Services..... _____
 - Site Improvements..... _____
 - Dwelling Construction..... _____
 - Non-Dwelling Construction... _____
- Amount of this Change Order (Total of above)..... _____ 5.
- The new Contract Sum (Line 3 + or - Line 5) is _____ 6.
- Contract Completion Date _____
- Change in Contract Completion Date, use - (minus) sign for reduction.. _____
- 7. Therefore the Date of Completion is now (The original completion date + or - line 7) _____

The conditions herein before referred to are as follows:

- A. The aforementioned changes, and work affected thereby, are subject to all contractual stipulations and covenants.
- B. The rights of RHA are not prejudiced, and
- C. All claims against RHA which are incidental to or as consequence of the aforementioned change are satisfied.

Approved by Architect or Construction Manager

Accepted by CONTRACTOR:

Signature Date

Title

Signature Date

Title

APPROVED BY RHA:

Cost Analysis Received, CO Reviewed by:

BMS/Sr PRS Date

Procurement Office Date

Required:

Deputy Executive Director Date

Interim Director of Finance Date

If over \$10,000: Director of Public Housing Date

If over \$25,000: Executive Director Date

RHA Procurement Checklist:

- ___ Check math
- \$ _____ is 10% of Original Contract
- \$ _____ *cumulative total of all Change Orders
- _____ put into Tenmast

After all signatures are complete

- 1.) ___ FYI copy to inspector Date ___/___/___
- 2.) ___ send copy to Finance
- 3.) ___ mail copy to Contractor