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| **2-color seal** | State of OklahomaOffice of Management and Enterprise Services**Division of Capital Assets Management**Construction and Properties | Change Order |

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| **IMPORTANT NOTE:** The Work described herein is **NOT** authorized until this Change Order is completed and signed by all entities listed below. Do **NOT** proceed with Work until the Change Order is completed and signed by each party.This form is required and shall be prepared by the Contractor. All costs must be broken down. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |       | Purchase Order#: |       | CAP Project #: |       |
|  |
| From Proposal Request #: NUMBER(S): |       | Contract #: | N/A |
|  |
| Project Name: |       | DCAM/CAPProject Manager: |       |
|  |  |  |  |
| Contractor: |       | Change Order #: |       |
|  |
| Using Agency: |  |  | Consultant: |  |
|  |
| Brief description of Change: |
|       |
| Brief description of Time delay: |
|       |

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| **Not valid until signed by the Contractor, Consultant, Using Agency and Authorized CAP Representative.** |

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| --- | --- | --- |
| The original [ ]  Contract Sum [ ]  Guaranteed Maximum Price was…………………………………………….. | $ | **0.00** |
| Net change by previously authorized Change Orders………………………………………………………………… | $ | **0.00** |
| The [ ]  Contract Sum [ ]  Guaranteed Maximum Price prior to this Change Order was……………………….. | $ |  **0.00** |
| The [ ]  Contract Sum [ ]  Guaranteed Maximum Price will be [ ]  increased [ ]  decreased [ ]  unchanged by this Change Order in the amount of………………………………………………………………………………… | $ | **0.00** |
| The new [ ]  Contract Sum [ ]  Guaranteed Maximum Price including this Change Order will be………… | $ |  **0.00** |
| The Contract Time will be [ ]  increased [ ]  decreased [ ]  unchanged by |  | Calendar Days |
| The date of Substantial Completion as of the date of this Change Order therefore is |  |
|  | *(Date)* |

|  |  |  |
| --- | --- | --- |
| **APPROVALS:** |  |  |
|  |  |  |  |  |
| *(Contractor Authorized Representative Printed Name)* | *(Contractor Authorized Representative Signature)* | *(Date)* |
|  |  |  |  |  |
| *(Consultant Authorized Representative Printed Name)* | *(Consultant Authorized Representative Signature)* | *(Date)* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |       |  |  |  |       |  |
| *(Using Agency Authorized Representative Printed Name)* | *(Authorized Representative Signature)* | *(Date)* |
|       |       |       |      |      |       |       |    |       |
| *(GL Unit)* | *(Program Code)* | *(Account)* | *(Sub-Account)* | *(Fund Type)* | *(Class Fund)* | *(Department)* | *(Budget Ref)* | *(Operating Unit)* |
| OCIA Funding Approval (if applicable) - Initial: |  | *(Attach Agency Change Order Request Form 010A/B if necessary)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mickerl Jones** |  |  |  |  |
| *(Authorized CAP Representative)* | *(Signature)* | *(Date)* |
|  |  |
| *(DCAM/CAP Project Manager)* |

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| **2-color seal** | State of OklahomaOffice of Management and Enterprise Services**Division of Capital Assets Management**Construction and Properties | Change OrderBreakdown Sheet |

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| If change order is $10,000.00 or greater, subcontractor invoices MUST be included with breakdown of labor, materials, tax, overhead and profit. |

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Materials | Unit | Unit Cost | Total |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
| **Subtotal (1)**  | **$ 0.00** |
|  |
| (2) Labor | No. Of Hours | Hourly Cost | Total |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
| **Subtotal (2)** | **$ 0.00** |
|  |
| (3) Equipment | No. Of Hours | Hourly Cost | Total |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
|       |       |       | 0.00 |
| **Subtotal (3)** | **$ 0.00** |
|  |
| (4) Sub Contractors (List each Sub Contractor) | Total |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| **Subtotal (4)**  | **$ 0.00** |
|  |
| Column 1 |  | Column 2 |  |
| Insurance Cost |       | Overhead Costs (15% Maximum of 1,2 & 3) |        |
| Bond Cost |       | Profit (10% Maximum of 1,2 & 3) |       |
| Social Security Taxes (FICA) |       | Overhead Costs & Profit (Total limited to 15% of 4) |       |
| Other Taxes |       | **Total of Column 2** |  **0.00** |
| Worker’s Compensation |       |  |
| Employee Fringe Benefits |       | Total for this Page(Subtotals 1 - 4, and Col. 1 & 2 Totals) | **$ 0.00** |
| **Total of Column 1** |  **0.00** |  |  |

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| **2-color seal** | State of OklahomaOffice of Management and Enterprise Services**Division of Capital Assets Management**Construction and Properties | Change OrderExplanation |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requested by**:** | [ ]  | Contractor | [ ]  | Consultant | [ ]  | Using Agency | [ ]  | Owner (DCAM/CAP) |

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| --- |
| Reason for Change**:** (check box) Detailed explanation required below. |
| [ ]  | Unforeseen site condition. | [ ]  | Work not specified in Contract Documents, but essential to completion of the |
| [ ]  | Scope change: Using Agency request. |  | project.  |
| [ ]  | Scope change: DCAM/CAP request. | [ ]  | Other: (Describe)  |       |

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| --- |
| Provide a detailed description of the proposed change in the Work and provide detailed reasons why this change is necessary. |

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| **DETAILED REASON FOR CHANGE IN THE WORK:**      |

|  |
| --- |
| **CONTRACT TIME REQUEST EXPLANATION:***(Describe how the time requested will extend the "critical path" of the project schedule and will not be concurrent with other work.)*      |