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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. |

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| Date: |  | | Purchase Order#: | |  | | | | CAP Project #: | |  |
|  | | | | | | | | | | | |
| From Proposal Request #: NUMBER(S): | | | |  | | | | | Contract #: | | N/A |
|  | | | | | | | | | | | |
| Project Name: | |  | | | | | | | DCAM/CAP  Project 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)* |

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

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| *(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)* | | | | | | | |

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| --- | --- | --- | --- | --- |
| **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. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (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 | | |
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|  | | | |  |  | | 0.00 | | |
|  | | | |  |  | | 0.00 | | |
| **Subtotal (3)** | | | | | | | **$ 0.00** | | |
|  | | | | | | | | | |
| (4) Sub Contractors (List each Sub Contractor) | | | | | | | Total | | |
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| **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 Order Explanation |

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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:** |

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| **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.)* |