



**AMSTERDAM HOUSING AUTHORITY**  
Property Development & Capital Developments  
52 Division Street  
Amsterdam, NY 12010  
P: (518)842-2894  
F: (518)842-9526

Date of Change Order Request: \_\_\_\_\_ Change Order #: \_\_\_\_\_ G.C. Elect. HVAC Plumb

\_\_\_\_\_  
( CONTRACTOR NAME) (STREET ADDRESS) (CITY, STATE, ZIP)

Project Address: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Project NY-60: \_\_\_\_\_ Contract #: \_\_\_\_\_

Nature of Contract: \_\_\_\_\_

Facts:

Findings:

Presented by (signature) \_\_\_\_\_ (date)

Subject to conditions herein 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 deductions..... \_\_\_\_\_
3. Contract Sum prior to this Change Order (*Line 1 + Line 2*) ..... \_\_\_\_\_
4. Specify which cost will change, use *– (minus)* sign for deductions:
  - Architectural Services..... \_\_\_\_\_
  - Site Improvements..... \_\_\_\_\_
  - Dwelling Construction..... \_\_\_\_\_
  - Non-Dwelling Construction..... \_\_\_\_\_
- Amount of this Change Order (*Total from 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 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 AHA are not prejudice, and
- C. All claims against AHA which are incidental to or as consequence of the aforementioned change are satisfied.

**Approved by Architect or Construction/Project Manager**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Title

**Accepted by Contractor:**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Title

**Approved by AHA:**

\_\_\_\_\_  
 Authorized Personal for Development & Capital Projects Date

\_\_\_\_\_  
 Financial Officer Signature Date

\_\_\_\_\_  
 Executive Director Signature Date

**AHA PROCUREMENT CHECKLIST:**

- Check Math
- \$ \_\_\_\_\_ is 10 % of Original Contract
- \$ \_\_\_\_\_ \* cumulative total of **ALL** Change Orders
- Input data into Tenmast

After all signatures are complete

1.  FYI COPY TO INSPECTOR Date: \_\_/\_\_/\_\_\_\_
2.  send copy to Finance
3.  mail copy to contractor