

SUBCONTRACT CHANGE ORDER/OVERRUN AUTHORIZATION

(For CM Build/CM Design Build contracts only)

PART A

DDC PROJECT MANAGER'S PROGRAM UNIT: _____

DDC PROJECT MANAGER'S NAME:

PROJECT NAME:

PROJECT DESCRIPTION:

PROJECT BOROUGH: M Q SI BX BK Multi Other. Please explain _____

FACILITY (if applicable):

SUBCONTRACTOR (Name & Address):

SUBCONTRACTOR TRADE OR SERVICE:

CM BUILDER/CM DESIGN BUILDER (Name & Address):

CONTRACT REG. NO. _____ FMS ID _____ Task Order No.* _____ Sub. C.O./O.R. No. _____

CONTRACT TITLE:

SECTION I - PROPOSED CHANGE

Description of Change:

Note: All work shall be performed in accordance with the terms, stipulations and conditions of the original Subcontract Documents.

CHANGE ORDER/OVERRUN CLASSIFICATION

Non-Material scope change Field Condition Administrative change Design Error Design Omission Other

Is this a client agency request? Yes No

SECTION II-CM BUILDER/CM DESIGN BUILDER REVIEW AND RECOMMENDATION

(Completed by CM Builder/CM Design Builder)

The subcontractor's proposed cost for this change is \$_____. We have reviewed the proposed change indicated above.

Based on our review and analysis, we recommend owner approval of this change in the amount of \$_____. Attached are copies of the following supporting documents:

Subcontractor's Cost Proposal CM Builder/CM Design Builder's Independent Cost Estimate Notarized Cost Pricing Certificate

Bids (if applicable) Copies of specs and/or drawings that relate to the change order condition Emergency Letter and/or Client

Request Letter Other (Indicate) _____

Note: CM shall provide copies of all Notice of Award Letters for Subcontractor Agreements to DDC Project Manager, EAO and ACCO.

(Print CM Builder/CM Design Builder's name and title)

(Signature)

(Date)

SECTION III -DDC REVIEW AND RECOMMENDATION (DDC EMPLOYEE ONLY)

Reviewed By:

Print Name**)

(Signature)

(Date)

(Recommended Approval Amt.)

* For CM Build Requirements Contracts.

** If = or < \$50,000: Project Manager; if > \$50,000: Program Director; if Program Unit or Triad Requirements Contract: Triad A/C; if Division-wide Requirements Contract: First A/C.

Note: After completing Section III, submit to the EAO Director for all recommended amounts > \$25,000, and for all credit and no cost amounts: item numbers 1-7 listed in Step 1 of the "PM Steps for Subcontract Change Order Authorizations".

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PART A (Cont.)

SECTION IV - CHANGE ORDER/OVERRUN APPROVAL AND AUTHORIZATION

When executed below by Owner, Subcontractor and CM Builder/CM Design Builder, this form will become a valid authorization to proceed.
Note: Information below must be completed by CM Builder/CM Design Builder prior to DDC Authorization.

- A. Original Subcontract Sum (without the Bonus)..... \$ _____
- B. Net change by all previous authorized subcontract change orders/overruns..... \$ _____
- C. Total Subcontract Sum prior to this change order/overrun (A +-B)..... \$ _____
- D. Amount of this subcontract change order/overrun authorization..... \$ _____
- E. The new subcontract sum including this change order/overrun (C +- D)..... \$ _____
- F. Current Construction Allowance (including all registered CM constr. allow. change orders).... \$ _____
- G. Will this subcontract CO/OR necessitate an increase in the construction allowance?..... yes no
- H. Current Design Allowance (including all registered CM design allow. change orders)*..... \$ _____
- I. Will this subcontract CO/OR necessitate an increase in the design allowance? *..... yes no
- J. Will this subcontract CO/OR impact the critical path of the project..... yes no
- K. Will this subcontract CO/OR necessitate a time extension for the CM? yes no

(If yes, this subcontract CO/OR will be used in a future CM time extension to increase decrease time by approx. () ccds.

NOTE: IF ANY POST-AUDIT REVEALS THAT THE COSTS FOR THIS SUBCONTRACT CHANGE ORDER/OVERRUN WORK WERE INACCURATELY STATED DURING THE NEGOTIATIONS, THE AGENCY SHALL RECOUP THE AMOUNT BY WHICH THE COSTS WERE INACCURATELY STATED BY PROPORTIONATELY REDUCING THE PRICE OF THE SUBCONTRACT CHANGE ORDER/OVERRUN.

AUTHORIZATION:

Dept. of Design and Construction
(Owner)

(Print name & title**)

(Signature)

ACCEPTED:

(CM Builder/CM Design Builder)

(Print name & title)

(Signature)

(Subcontractor)

(Print name & title)

(Signature)

Date: _____

Date: _____

Date: _____

* For CM Design Build Contracts.

** **Authorized Signature** (DDC Employee Only): = or < \$50,000 = Project Manager; > \$50,000 = Program Director; if Program Unit or Triad Requirements Contract = Triad A/C; if Division-wide Requirements Contract = First A/C.

Note: A copy of this completed form (Part A, pages 1 and 2) must be submitted to ACCO (Attn: R. Rodriguez), and COTS. Failure to do so will result in delayed or rejected CM payments.