**DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)**

**Office of School Construction Grants & Review (OSCG&R)**

**NOTICE OF CHANGE ORDER**

# FORM SCG-042.CO

STATUTORY REF.: C.G.S. Sections 10-287(b), 10-287c-19(c)

NOTE: Refer to FORM SCG-042.CO INST prior to completing

|  |  |  |
| --- | --- | --- |
| LOCAL EDUCATION AGENGY (LEA):: | FACILITY NAME AND ADDRESS: | STATE PROJECT NUMBER: |

|  |
| --- |
| State Change Order # \_\_\_\_\_\_\_\_\_\_\_\_\_  Contractor Change Order # \_\_\_\_\_\_\_\_\_\_  Original Construction Contract Sum $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Net Cost of All Previous Change Orders $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost of This Change Order $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Revised Construction Contract Sum $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provide reason for change and brief description of unforeseen circumstance. Change orders submitted without a written explanation of the reason for the change will be classified as ineligible. Identify the area(s) of the building or site that this change order is being submitted for. Refer to FORM SCG-3047 prior to certifying or signing this Notice of Change Order. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CERTIFICATIONS:  I hereby certify that this change order work is within the scope of the approved project’s Educational Specifications and is:  FULLY ELIGIBLE, FULLY INELIGIBLE, PARTLY ELIGIBLE and INELIGIBLE  List all eligible and ineligible items and project costs and credits on page 2 of 2. List all project credits as eligible.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Superintendent of Schools Signature Date |
| I hereby certify that to the best of my knowledge, the work above conforms to all Life Safety, Health and Accessibility codes:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Architect (Company name) Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CM or Contractor (Company name) Signature Date |
| I hereby certify that I have been informed of the above changes and have reviewed the associated costs increases or credits:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Local Finance Officer or Business Manager Signature Date |

**PAGE 1 OF 2**

## FORM SCG-042 CO Notice of Change Order

**State Project No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Item No. | ELIGIBLE ITEMS (List and Total) | AMOUNT |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
| 5. |  | $ |
| 6. |  | $ |
| 7. |  | $ |
| 8. |  | $ |
| 9. |  | $ |
| 10. |  | $ |
| 11. |  | $ |
| 12. |  | $ |
| 13. |  | $ |
| 14. |  | $ |
| 15. |  | $ |
| **TOTAL:** | | $ |

|  |  |  |
| --- | --- | --- |
| Item No. | INELIGIBLE ITEMS (List and Total) | AMOUNT |
| 1. |  | $ |
| 2. |  | $ |
| 3. |  | $ |
| 4. |  | $ |
| 5. |  | $ |
| 6. |  | $ |
| 7. |  | $ |
| 8. |  | $ |
| 9. |  | $ |
| 10. |  | $ |
| 11. |  | $ |
| 12. |  | $ |
| 13. |  | $ |
| 14. |  | $ |
| 15. |  | $ |
| **TOTAL:** | | $ |

**The Sum of all eligible and ineligible items must equal the Cost of This Change Order indicated on page 1 of this form. ALL change order submissions MUST INCLUDE a completed FORM SCG-043.CO State Change Order Summary sheet. Change orders received without the certification checked and information below completed will be returned as rejected.**

**I certify that FORM SCG-043.CO has been submitted for this change order \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of person submitting this FORM SCG-042.CO Phone number**

NOTES: 1.) ALL CHANGE ORDERS SUBMITTED FOR THIS CONSTRUCTION PROJECT MUST SEQUENTIAL, REGARDLESS OF PHASE

2.) ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM

3.) EMAIL COMPLETED FORM SCG-043.CO State Change Order Summary Sheet TO: [DAS.scg.changeorder@ct.gov](file:///\\exec.ds.state.ct.us\das\SharedAll2\Users\CelmerB\Website%20Migration%20Effort%202016\ALL%20FORMS%20-%20revised%20feb%202017\FORM%20SCG-042%20CO%20Notice%20of%20Change%20Order\DAS.scg.changeorder@ct.gov)

4.) HAND DELIVER, OVERNIGHT DELIVER OR MAIL THIS COMPLETED FORM, FORM SCG-043.CO, ALL BACKUP MATERIALS, TO:

The Office of School Construction Grants & Review

450 Columbus Blvd., Suite 1503

Hartford, CT 06103

**PAGE 2 OF 2**