



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 AGENCY (LEA): 	FACILITY NAME AND ADDRESS: 	STATE PROJECT NUMBER:
-----------------------------------	--------------------------------	---------------------------

State Change Order Number: | |

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-3050 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
--	--------------------	---------------

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.		\$
TOTAL:		\$

Item No.	INELIGIBLE ITEMS (List and Total)	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
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 BE SEQUENTIAL, REGARDLESS OF PHASE
 2.) SIGNATURES ARE REQUIRED ON THIS FORM (scanned originals or electronic)
 3.) EMAIL THIS COMPLETED FORM SCG-042.CO, RELATED COMPLETED FORM SCG-043.CO State Change Order Summary Sheet, and ALL BACKUP MATERIALS (in organized and bookmarked PDF format) TO: DAS.scg.changeorder@ct.gov