|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  NORTHWEST MISSOURI STATE UNIVERSITYCAPITAL PROGRAMS**CONTRACT CHANGE** |  | PROJECT NUMBER | CHANGE NUMBER |
| PURCHASE ORDER NUMBER | CHECK CONTRACT TYPE |
| [ ]  | CONSULTANT | [ ]  | CONSTRUCTION |
| **1. GENERAL INFORMATION** |
| PROJECT TITLE      | NAME OF CONTRACTED FIRM      |
| LOCATION      |
| **2. DESCRIPTION OF CONTRACT CHANGE (attach and note additional description sheets as necessary)** |
|       |
| [ ]  | Not-to-Exceed for items: $      |
| **3. IMPACT OF CONTRACT CHANGE ON MBE/WBE SUB’S PARTICIPATION FOR THIS PROJECT** | **[ ]  NOT APPLICABLE** |
| a. | [ ]  MBE Firm | [ ]  WBE Firm | [ ]  SDVE Firm | b. | [ ]  MBE Firm | [ ]  WBE Firm | [ ]  SDVE Firm |
| Name: |       | Name: |       |
| Original (Sub) Contract Amount: | $ |       |  | Original (Sub) Contract Amount: | $ |       |  |
| Previous Change Amounts: | $ |       |  | Previous Change Amounts: | $ |       |  |
| Amount This Change (Add/Deduct): | $ |       |  | Amount This Change (Add/Deduct): | $ |       |  |
| Revised (Sub) Contract Amount: | $ |       |  | Revised (Sub) Contract Amount: | $ |       |  |
| **4. CONTRACT SUMMARY** |
|  | COST | WORK DAYS |
| Original Contract Amount: |  | $ |       |  |  |     |  |
| Previous Change Amounts: |  | $ |       |  |  |     |  |
| Amount This Change (Add/Deduct): |  | $ |       |  |  |     |  |
| Revised Contract Total: |  | $ |  |  |  |  |  |
|  |
|  **IF CONSULTANT CONTRACT** | IF CONSTRUCTION CONTRACT |
| PHASE OF CONTRACT      | ORIGINAL COMPLETION DATE | REVISED COMPLETION DATE |
| This Document, when fully executed by both Parties, shall constitute a Notice to Proceed with the Work described in this Change. This Contract Change shall modify the Contract as herein provided and includes all costs and time extensions associated with this Change to the Contract. No requests for additional compensation or time as a result of this Change will be considered. |
| **AUTHORIZING NAME** | **SIGNATURES** |
| PRINT CONTRACTED FIRM REPRESENTATIVE      | SIGNATURE | DATE      |
| PRINT DESIGNER REPRESENTATIVE (CONSTRUCTION CONTRACTS ONLY)      | SIGNATURE | DATE      |
| PRINT NORTHWEST VP OF FINANCE AND ADMIN. REPRESENTATIVE      | SIGNATURE | DATE      |

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|  | NORTHWEST MISSOURI STATE UNIVERSITYCAPITAL PROGRAMS**CONTRACT CHANGE INTERNAL CHECKLIST – PAGE 2** |  | PROJECT NUMBER | CHANGE NUMBER |
| PURCHASE ORDER NUMBER | CHECK CONTRACT TYPE |
| [ ]  | CONSULTANT | [ ]  | CONSTRUCTION |
| To be filled out and submitted with all Contract Changes by Northwest Project Manager. **FOR INTERNAL USE ONLY.** |
| **1. For Consultant Contracts** |
| [ ]  | Attach Consultant’s proposal with verification that cost is reasonable. |
| [ ]  | Provide schedule change information. |
| [ ]  | Note any specific changes to A/E Contract Sections as appropriate in Change Description. |
| **2. For Construction Contracts** |
| [ ]  | Attach RFIs, RFPs, Drawings, or other correspondence related to the Contract Change. |
| [ ]  | Attach independent cost estimate verifying cost for Contract Change is reasonable. |
| [ ]  | Attach Contractor’s proposal – including Supplier’s and/or Subcontractor’s proposals – as appropriate |
| [ ]  | For time extensions attach Contractor’s justification along with Consultant’s and/or internal recommendations. |
| **3. Reason for Change** |
| REASONS: For every itemized Change – select a Reason for the Type of Contract, provide a dollar amount, note Work Days added, note the PCC Number (when known), and give a written explanation. Combine items for the same Reason and attach additional sheets as necessary. |
| CR – Contractor Related (Consultant Contract Only) | CE – Consultant Error |
| OR – Owner Requested | CO – Consultant Omission |
|  | UFC – Unforeseen Field Condition |
| Change Reason One |
| REASON CODE | PCC NUMBER | WORK DAYS ADDED | COST**$** |
| REMARKS      |
| Change Reason Two |
| REASON CODE | PCC NUMBER | WORK DAYS ADDED | COST**$** |
| REMARKS      |
| **4. Account Numbers – List account numbers to be charged** |
| ACCOUNT NUMBER      | AMOUNT$      | NOTES      |
| ACCOUNT NUMBER      | AMOUNT$      | NOTES      |
| **5. Concurrences/Approvals** |
| ***NOTE: After approval distribute copies of Page One to Capital Programs Coordinator and Purchasing*** |
| PROJECT MANAGER | DATE      | DIRECTOR OF CAPITAL PROGRAMS | DATE      |
| AVP FACILITY SERVICES AND CAPITAL PROGRAMS | DATE      |
| Northwest Purchasing Comments |
|  |

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