



CHANGE ORDER REQUEST JUSTIFICATION FORM
(UCF Project Manager shall provide/certify the following required information.)

Project Name: _____ Date: _____
Project Description: _____

UCF Project Manager: _____ UCF Project Number: _____
Architect/Engineer Firm: _____ A/E PM: _____
Contractor/Vendor Name: _____ C/V PM: _____
Change Order Request No: _____ Project Completion %: _____
Cost Impact: _____ Schedule Impact (Days): _____

Change Initiated by: F&S: _____ End User: _____ A/E: _____ Contractor: _____

NECESSITY – Explain why this Change Order Request is necessary.

RESPONSIBILITY – Explain who initiated this Change Order Request.

CONTRACT – Explain why this Change Order Request is not part of the original Contract.

PAYMENT – Explain how this Change Order Request is funded (project contingency, additional funds, etc.).

JUSTIFICATION – Provide a detailed justification for this Change Order Proposal.

EFFECT ON PROJECT – Provide the effect(s) on operations, maintenance, cost, and schedule.

CONTRACTOR CERTIFICATION:

Contractor hereby certifies that the cost and schedule impacts to this project have been completely appraised, that the justifications herewith are accurate and complete (including all direct costs, indirect costs, and consequential items), and that all changes have been coordinated with the contract documents (plans, specs, scope of work). Contractor also certifies that submission of this Change Order warrants that the project is free and clear of any and all claims or disputes in favor of the Contractor, subcontractors, material suppliers, or other persons or entities concerning this Change order and does hereby release the Owner from such claims and disputes. On bonded work, Contractor also certifies that the Surety consents to this Change Order and agrees that its bond(s) shall apply and extend to the Contract as modified or amended herewith.

Contractor Name

Contractor Signature

Date

ARCHITECT/ENGINEER CERTIFICATION:

Architect / Engineer hereby certifies that costs are are not included for corrective work made necessary by error, omissions, deficiencies, or fault attributable to Architect / Engineer.

Architect/Engineer Name

Architect/Engineer Signature

Date

UCF PROJECT MANAGER CERTIFICATION:

UCF Project Manager hereby certifies that this justification is accurate and complete, that the work herewith is within the general scope of the contract, and that all contract documents, plans, specifications, and scope of this work have been completely reviewed. The price for labor, materials, contracted work, and other costs are fair and reasonable. The scope and justification have been clearly and completely described above; the schedule impact to the project has been assessed for impact; and the Contractor has provided sufficient backup documentation.

UCF Project Manager Name

UCF Project Manager Signature

Date

Attachments, as required:

1. Material and labor cost proposal breakdown from contractor, sub-contractor, and suppliers.
2. Updated Budget Reconciliation.
3. CCD, RFI, ASI, SK, plans and/or specifications, as applicable.
4. Updated project schedule, as applicable.

_____ Associate Director, FP&C	_____ Date	Recommend Approval	Rejected
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_____ Director, FP&C	_____ Date	Recommend Approval	Rejected
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REJECTION – State reason for rejection, if applicable.