

CITY OF NEW YORK			
Agency	Unit/Div		
CONTRACT CHANGE ORDER – Form 1: Contractor Proposal			
PROJECT IDENTIFICATION			
Contract Title/Description:			
Contract Registration No.:	FMS Project ID:		
Procurement Identification Number (PIN #):	FMS Project ID Description:		
Agency Contract No.:	FMS Occurrence ID:		
CONTRACTOR / CONSULTANT INFORMATION			
Contractor Name:			
Contractor Address:			
Contractor Telephone:			
Goods/Services Provided by this Contract (e.g., Design, Construction, CM, etc.):	If this is a Construction Contract, Name of the Design Consultant:		
CHANGE ORDER INFORMATION			
Change Order (CO) No.:	or Over/Underrun(OR) No.:	Original Contract Award Amount:	
Change Order Title:			
Change Order Description: Describe the work to be performed in this Contract Change (use additional pages, if necessary)			
		<input type="checkbox"/> Check if addtl page(s) is attached	
		Contract Proposal Authorized Cost	
		\$ - \$ -	
1. Contractor shall not proceed with this work until issued a Contract Change or otherwise directed by the Commissioner. All work begun before Contract Change is registered by the Comptroller's Office is done at the Contractor's own risk. 2. All work is subject to audit by the Department's Engineering Audit Officer and to post-audit by the Comptroller's Chief Engineer. 3. All payments for extra work must be requisitioned separately from payments for work required under the original Contract (except at Final Payments).			
AUTHORIZED SIGNATURES			
CONTRACTOR APPROVAL		AGENCY APPROVAL	
<i>Submitted above is my cost proposal for contract change. The Contractor certifies that the cost and pricing data submitted are accurate, complete and current as of this date.</i>		<i>The amount of this contract is approved. Payment will be made in accordance with the agreement and shall not exceed the final authorized cost. Payment may not be made prior to registration of this contract change by the Comptroller's Office.</i>	
Contractor Signature:		Authorized Signature:	
Name:		Name:	
Title:	Date:	Title:	Date:
Telephone No.:		Telephone No.:	
Contractor Agrees with Authorized Cost The Contractor agrees to perform the work described in this contract change in accordance with the final authorized cost set forth above.		Basis of Payment	
Contractor Signature:		<input type="checkbox"/> Time and Materials	
Name:		<input type="checkbox"/> Lump Sum	
Title:		<input type="checkbox"/> Unit Price	
Date:		<input type="checkbox"/> Cost Plus Fixed Fee	
Telephone No.:		<input type="checkbox"/> Overrun/Underrun	
<i>Placeholder for Agency's Legal Counsel Notices</i>			

Form 1 - To be completed and signed by the Agency and the Contractor

Last Revised 7/17/06

Form 2 - To be completed and signed by the Agency and its EAO

Form 3 - To be completed and signed by the Agency's ACCO and MOCS/CCPO (if required)