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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor Name | | | |  | | | | | | |  | Change Directive No. | | | |  | | | | | | | |
| Contact | | | |  | | | | | | |  | Project Number | | | | |  | | | | | | |
| Address | | | |  | | | | | | |  | Project Name | | | | |  | | | | | | |
| City, State ZIP | | | |  | | | | | | |  | Project Location | | | | |  | | | | | | |
| **Basis of Change Directive** | | | | | | | | | | |  |  | | | | |  | | | | | | |
|  | | Error / Omission | | | |  |  | Differing Site Condition | | |  | **Adjustment to Contract Sum** (indicate if zero cost) | | | | | | | | | | | |
|  | | Owner Request | | | |  |  | Field Resolution | | |  | Add: | | $ |  | | | Deduct: | | | $ |  | |
|  | | Value Engineering | | | |  |  |  | | |  |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Adjustment to Contract Time** | | | | | | | | | | |  | **Cost Basis** (check all that apply) | | | | | | | | | | | |
|  | No Change | |  | | Days Added | | | |  | Days Deducted |  |  | Time & Material Not to Exceed | | | | | |  |  | | | Fixed Price |
|  | | | | | | | | | | |  |  | Allowance (described below) | | | | | |  |  | | | Unit Price |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Your company is authorized and directed to proceed with the following (attach additional sheets if needed):** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Justification** | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Notice: This Change Directive identifies satisfaction of all compensation and time adjustments related to this change in the Work. | | | | | | | | | | | |
|  | | | | |  |  | The University of Akron | | | | |
|  | | | | |  |  | Lincoln Building, 3rd Floor | | | | |
|  | | | | |  |  | Akron, Ohio 44325-0405 | | | | |
| **Architect/Engineer / Criteria A/E Recommendation** | | | | |  |  | **Owner Acceptance** | | | | |
|  | Name |  | | |  |  |  | Name |  | | |
|  |  | |  |  |  |  |  |  | |  |  |
|  | Signature | |  | Date |  |  |  | Signature | |  | Date |
| **CM Adviser / Owner Agent Recommendation** (if any) | | | | |  |  | **Project Manager Recommendation** | | | | |
|  | Name |  | | |  |  |  | Name |  | | |
|  |  | |  |  |  |  |  |  | |  |  |
|  | Signature | |  | Date |  |  |  | Signature | |  | Date |
| **Contractor Concurrence** | | | | |  |  | **Contracting Authority Approval** | | | | |
|  | Name |  | | |  |  |  | Name |  | | |
|  |  | |  |  |  |  |  |  | |  |  |
|  | Signature | |  | Date |  |  |  | Signature | |  | Date |