
EXHIBIT V
CONTRACT MODIFICATION/CHANGE ORDER

**CONTRACT MODIFICATION/CHANGE ORDER REQUEST
REVIEW and APPROVAL FORM**

	COR	
	DCA	

Contract Information	Budget Information
1. Contract Number _____	1. GL Account Number _____
2. Contractor _____	2. GL Account Balance _____
3. Contract Name _____	3. CM/CO Amount _____
4. Original Contract Price _____	4. Revised Account Balance \$ _____
	5. Program Accountant _____
	Signature _____ Date _____

Contract Modification/Change Order History	Time Extension Required
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No.	CM/CO Amount	CM/CO Cumm. Amount	CM/CO%	CM/CO Cumm. %
1		\$ -	0.00%	0.00%
2	\$ -	\$ -		
3	\$ -	\$ -		
4	\$ -	\$ -		
5	\$ -	\$ -		
6	\$ -	\$ -		
7	\$ -	\$ -		
8	\$ -	\$ -		
9	\$ -	\$ -		
10	\$ -	\$ -		
11	\$ -	\$ -		
12	\$ -	\$ -		
13	\$ -	\$ -		
14	\$ -	\$ -		
15	\$ -	\$ -		
16	\$ -	\$ -		
17	\$ -	\$ -		
18	\$ -	\$ -		
19	\$ -	\$ -		
20	\$ -	\$ -		

5. Total of Previous Approved Changes/Modifications _____

6. Current Contract Amount _____

7. Proposed Cost of Current Change/Modification _____

8. % of Proposed Current Change/Modification _____

9. Cumm. % after Proposed Current Change/Modification _____

10. Proposed Revised Total Cost \$ _____

A. Is time extension requested? N/A

B. If yes, how much time? _____

C. Is time request warranted? _____

Tracking Information

Date of Initiation _____

Contractor Proposal Submitted _____

Change request to COR _____

Concurrence

DCA _____
Signature _____ Date _____

COR _____
Signature _____ Date _____

Dev. Budget/
Pgm. Analyst _____
Signature _____ Date _____

Procurement _____
Signature _____ Date _____

HUD Receiver/Executive Director signature received after Board approval (if required) and Contractor's signature.

Signature _____ Date _____

Description of Proposed Change

<input type="checkbox"/> Budget Amendment <input type="checkbox"/> Change Against Original P.O. <input type="checkbox"/> New P.O.	For Budget Use Only	
	Date	_____
	Date	_____

VIRGIN ISLANDS HOUSING AUTHORITY
9900 OWALD HARRIS COURT, ST. THOMAS, VI 00802-3100

CONTRACT MODIFICATION NO. _____

Date: _____

Project No. _____

In connection with the contract for _____ at _____ the following change is ordered:

Subject to conditions hereinafter set forth, and equitable adjustment of the contract price and time is as follows:

- A. This change will require adjustments to Contract Time.
- B. The Contract Price is (increased) (decreased) by _____ \$ _____.
- C. The Contract Time is (increased) (decreased) by _____ calendar days.

The conditions hereinbefore referred to are as follows:

- A. The aforementioned change, and work affected thereby, are subject to all contract stipulations and covenants;
- B. The rights of the Virgin Islands Housing Authority are not prejudiced; and
- C. All claims against the Virgin Islands Housing Authority which are incidental to or as a consequence of the aforementioned change are satisfied.

The above Change Order Request was jointly reviewed and is hereby recommended for approval by:

MOD INSPECTOR _____

CONSTRUCTION MANAGER _____

VIRGIN ISLANDS HOUSING AUTHORITY

By: Robert Graham CPM
Executive Director

Date: _____

ACCEPTANCE (CONTRACTOR)

By: _____

Title: _____

Date: _____

ARCHITECT - VIHA

By: _____

Date: _____

VIRGIN ISLANDS HOUSING AUTHORITY

REPORT ON CHANGE

CIAP Phase N/A Work Item: _____ Time Date: _____

1. **SUBJECT:** Contract Modification ORDER No. _____ PROJECT No. _____

2. **ENCLOSED ARE:**

- ___ THE ORIGINAL AND THREE COPIES OF THE SUBJECT ORDER AND HUD APPROVAL.
- X TWO COPIES OF SUBJECT ORDER APPROVED UNDER HUD DELEGATED AUTHORITY.

3. **THE FOLLOWING SUPPORTING PAPERS ARE ATTACHED TO EACH COPY OF THE SUBJECT ORDER:**

- a. Contractor's proposal and accompanying breakdown dated _____
- b. Change Order Drawing(s) No.(s) N/A dated _____
- b. Other data (identify): _____

4. **THE FOLLOWING ARE PERTINENT AND IN EXPLANATION OF THE CHANGE:**

- a. Buildings in project _____ Dwelling units involved in change _____
- b. Description of change: _____

Refer to specs: Div. _____, Par. _____ Drawing(s) No.(s) _____

- c. Other work affected by change: NONE
- d. Will recording on As-Built Drawings be necessary? _____ Yes _____ No
- e. Price Adjustment: _____ Extra _____ Credit \$ 0.00 ; _____ No Change
- f. Time Adjustment: _____ No Change _____ Deferred _____ Extended: _____ Calendar Days
- g. Are Modernization funds available? _____ Yes _____ No

5. **BUDGET:**

Phase - CF \$ _____
- CF \$ _____ \$ _____
_____ \$ _____ Total \$ _____

	<u>TIME</u>	<u>CHANGE ORDER VALUE</u>	<u>CONTRACT PRICE</u>
CONTRACT	_____	_____	\$ <u>0.00</u>
CO's TO DATE	_____	\$ _____	\$ <u>0.00</u>
THIS CO	_____	\$ _____	\$ <u>0.00</u>
TOTAL CO's	_____	_____	_____
ADJUSTED CONTRACT	_____ Calendar Days	_____	\$ <u>0.00</u>

6. **BASED ON THE FOREGOING I HAVE APPROVED THE ORDER:**

by: _____ Date _____
Director of Mod/Development
V. I. Housing Authority

CONCURRED IN

by: Robert Graham, CPM _____ Date _____
Executive Director
V.I. Housing Authority