City of Miami
Capital Improvements & Transportation

Change Proposal Request

Part A

CONTRACTOR: **CHANGE ORDER NUMBER:**
ADDRESS: **PROJECT NO.:**
PROJECT TITLE:

Project Manager: Tel. No.: Fax No.: E-mail:

This Change Proposal Request (CPR) is submitted requesting a Change Order to the Contract to increase/decrease the time for performance or the value of the Contract

Detailed Basis/Scope for CPR (Failure to submit sufficient detail may result in the rejection of or delay in review of the CPR)

Financial Data

Original Contract Value:
Value of Previous Change Orders:
CPR Value:
Proposed Contract Value:

Increase/Decrease in time for Completion: (calendar days)
Current Completion Date: Proposed Completion Date:

By signing and submitting this CPR the Contractor certifies that the supporting cost data is accurate and, in the opinion of the undersigned, the stated prices and/or time request are both fair and reasonable. The signatory certifies that they are authorized by the Contractor to execute this CPR.

Name: Signature: _____

Title: Date of Submittal:

City of Miami Review (Contractor not to complete)

By signing below the signatory has either concurred with or rejected the proposed CPR as submitted:

Architect/Engineer:

Name of Firm: _____

_____	_____	_____
Name	Signature	Date

City of Miami

Project Manager: ☐ Concur ☐ Rejected

_____	_____	_____
Name	Signature	Date

Team Leader: ☐ Concur ☐ Rejected

_____	_____	_____
Name	Signature	Date

Assistant Director: ☐ Concur ☐ Rejected

_____	_____	_____
Name	Signature	Date