

## CONTRACTOR'S CHANGE PROPOSAL FOR CHANGE ORDER (2)

*(Use this form for items that do not include overhead & profit and prime contractor's profits in their cost calculations. **Note:** Within 14 ccds max. from receipt of Part A of the Contract Change Form, Contractor must complete their cost proposal and be fully prepared to attend all scheduled negotiation meetings.)*

PROJECT NAME \_\_\_\_\_ CONTRACT REG. NO. \_\_\_\_\_ VENDOR'S NAME \_\_\_\_\_ C.O. NO. \_\_\_\_\_

A. ITEM NO. ☼	B. ITEM DESCRIPTION	C. QTY	D. UNIT	E. LABOR		F. MATERIAL (INCLUDING EQUIPMENT)		G. CONTRACTOR'S ESTIMATE (E.2. + F.2.)
				1. UNIT COST	2. TOTAL (E.1. X C)	1. UNIT COST	2. TOTAL (F.1. X C)	

**PREPARED BY:**

\_\_\_\_\_  
(Print Contractor's Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

<b>SUBTOTALS (THIS SHEET)</b>	\$
OVERHEAD & PROFIT @ _____ %	\$
SUBCONTRACTORS' SUBTOTAL: \$ _____ (X) 5%	\$
<b>SHEET TOTAL</b> .....	\$
<b>GRAND TOTAL (LAST SHEET)</b>	\$

- NOTES:**
1. ☼ Identify all items to be subcontracted with a star. Structures' Contractors to use CSI numbers and format.
  2. Detailed back-up documentation, as required, must be available at the site for auditing purposes for all costs shown above.
  3. Insurance increases that are the result of contract change work shall be processed on a separate change order. Use Version (2) estimate forms to include Overhead & Profit. Check your contract for % allowed.
  4. Evidence of all insurance increases and subcontracted work must be submitted at time of payment.