



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK**

Office of Facilities Planning, 89 Washington Avenue, Room 1060 Education Building Annex, Albany, NY 12234  
Tel. (518) 474-3906  
Tel. (518) 474-3906  
[www.p12.nysed.gov/facplan/](http://www.p12.nysed.gov/facplan/)

## CHANGE ORDER CERTIFICATION

**Must be attached to back of Change Order**

**Instructions:** This CERTIFICATION is required for all change orders submitted to SED  
Fill out all three parts completely.

**Provide separate Change Orders for each Project Number**

District & Building Name

### Type of Project

## Project Description

### Architect / Engineer firm

name \_\_\_\_\_ address \_\_\_\_\_

### Contact Person

name & title \_\_\_\_\_ phone number & e-mail \_\_\_\_\_

## Construction Manager firm

name \_\_\_\_\_ address \_\_\_\_\_

### Contact Person

name & title \_\_\_\_\_ phone number & e-mail \_\_\_\_\_

### District Contact Person

name & title \_\_\_\_\_ phone number & e-mail \_\_\_\_\_

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### Provide the following

each item if there is more than one and provide additional sheets as necessary.)

- A. Requested By** (Who initiated the change request)
- B. Relationship to Project Scope** (How is this change related to the original project scope)
- C. Basis of Need** (Describe why the change is needed)
- D. Description of Work** (Provide a detailed description of the work or services provided in the change order. Provide text, a drawing or both as necessary to demonstrate code compliance and the individual cost of each item.)

## CHANGE ORDER CERTIFICATION

- ✓ The scope of the change order must relate to the project scope previously approved.
- ✓ Dollar amounts applied from allowances toward costs associated with the changes must be provided.
- ✓ If the cost of this change order is not within the approved amount as currently established on the SA-4, please provide a Form FP-FI, Request for Revision of Financial Information, with documentation showing the additional authorization of funds.
- ✓ Each change order shall be signed by the president of the board of education, the architect/engineer, and the contractor.

The following statements are true and correct to the best of my knowledge and belief:

- The revised total cost is within the authorized appropriation for this project.
- Where any work of this change order requires a type or kind of work that is not included in the original contract documents, the school district's attorney has been contacted to assure conformance with the Opinion of the State Comptroller No. 60-505.

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Date

Signature and printed name of the School Superintendent or District Superintendent if a BOCES project

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### Certification of the Architect or Engineer

The following statements are true and correct to the best of my knowledge and belief:

- Work required by this change order is in accordance with applicable sections of the approved contract documents.
- Any plan, sketch, or attachment referenced in this change order is included herein.
- Work required by this change order is in accordance with applicable provisions of the NYS Uniform Fire Prevention and Building Code, State Education Department's building standards, and NYS Department of Labor's Code Rule 56.
- Work required by this change order was designed by an architect or engineer who is currently licensed by the State of New York.
- Work required by this change order that involves asbestos-containing building material (ACBM) was designed by an architect or engineer who is currently licensed by the State of New York and who is appropriately certified as an asbestos designer by the NYS Department of Labor at the time he/she designed the asbestos-related project.

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Architectural / Engineering Firm Name

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Date

Signature and printed name of the Architect or Engineer