**Proposal and Agreement for Alterations to the Plans, Specifications, and/or Contracts**

**Change Order**

MassDOT Aeronautics Division Form AD7-CO (Last Modified: November 27, 2023)

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| **CHANGE ORDER DETAILS** | | | | |
| **Change Order No.** |  | **Check All That Apply (must check one)** | | |
| **Airport** |  | Differing Site Conditions | | Contract Scope Change |
| **Project No.** |  | Request for Deviation | | Design/Error Omission |
| **Project Title** |  | | | |
| **Change Title/Overview** |  | | | |
| **Change Order Amount** |  | **Additional Calendar Days** |  | |

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| --- | --- | --- |
| **1. PROPOSAL** | | |
| In accordance with the terms and conditions of the contract to the above referenced project and the further conditions attached herewith and made a part hereof, the undersigned proposes and agrees to the contract changes as noted above (amount and contract time) and in the attached detailed description. The Contractor hereby certifies that the information contained herein, including attachments hereto, adequately describes this proposed change, and that any proposed substitution of work is of the same quality as the original design, intent, and that any change in cost has been equitably adjusted. | | |
|  |  | |
| Contractor – Company Name | Address | |
|  |  |  |
| Authorized Signature | Name & Title | Date |

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| **2. RECOMMENDATION OF SPONSOR’S CONSULTING ENGINEER/ARCHITECT** | | |
| The consultant hereby certifies that an independent analysis of scope and cost was prepared and used to justify any change in contract scope or cost resulting from this change, and that any proposed deviation from the contract documents does not materially injure the project as a whole, and that this change is in the best interest of the awarding authority. Acceptance of this above proposal is recommended. | | |
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| Engineer/Architect – Company Name | Address | |
|  |  |  |
| Authorized Signature | Name & Title | Date |

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| **3. ACCEPTANCE OF PROPOSAL BY AIRPORT SPONSOR/OWNER** | | |
| The Sponsor hereby certifies that appropriated funds are available to cover any increase in cost resulting from this change. The proposal is hereby accepted. | | |
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| Authorized Signature | Name & Title | Date |

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| **4. APPROVAL OF MASSDOT AERONAUTICS DIVISION** | | |
| Approval is granted pursuant to M.G.L. ch. 90, § 51K. Funding is subject to project eligibility limitations and will be reimbursed by MassDOT based on the availability of state funds determined at the end of the project. | | |
|  |  |  |
| Authorized Signature | Name & Title | Date |

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| **5. SUMMARY OF CONSTRUCTION/CONTRACTOR CONTRACT CHANGES** | | | | |
|  | FAA Eligible[[1]](#footnote-2) | State Eligible | Ineligible | Total |
| Contract Award |  |  |  |  |
| Previous Changes |  |  |  |  |
| Change Order Additions |  |  |  |  |
| Change Order Deletions |  |  |  |  |
|  |  |  |  |  |
| Total Project Cost |  |  |  |  |

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| **6. THIS CHANGE ORDER PROJECT FUNDING BREAKDOWN** | | | | |
|  | FAA Eligible2 | State Eligible | Ineligible | Total |
| Federal Share |  |  |  |  |
| State Share |  |  |  |  |
| Local Share |  |  |  |  |
|  |  |  |  |  |
| This Change Total |  |  |  |  |

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| **7. REVISED TOTAL PROJECT FUNDING BREAKDOWN** | | | | |
|  | FAA Eligible3 | State Eligible | Ineligible | Total |
| Federal Share |  |  |  |  |
| State Share |  |  |  |  |
| Local Share |  |  |  |  |
|  |  |  |  |  |
| Total Project Cost |  |  |  |  |

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| --- | --- | --- | --- |
| **8. SCHEDULE CHANGES** | | | |
| Original Completion Date |  | Original Number of Calendar Days |  |
| Revised Completion Date Based Upon All Changes |  | Number of Calendar Days Added Based Upon All Changes |  |
| Estimated Completion Date Based Upon All Changes to Date |  | Revised Number of Calendar Days Based Upon All Changes to Date |  |

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| --- | --- | --- | --- |
| **9. CHANGE ORDER ATTACHMENT CHECKLIST** | | | |
|  | Yes | No | N/A |
| Change Order write-up for each change order item with distinct sections: (1) cost proposal/analysis, (2) clear description, (3) clear justification, (4) statement that the cost is fair and reasonable, (5) schedule impacts, and (6) list of supporting documentation attached as backup. |  |  |  |
| Independent cost estimate (ICE) performed by Engineer/Architect to justify cost is fair and reasonable for each change order item. |  |  |  |
| Summary spreadsheet detailing all change orders to date including additions, subtractions, and total change amount. |  |  |  |
| Itemized and detailed Contractor proposal including invoices, etc. that is clearly defined for each change order item. |  |  |  |

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| **10. COMMENTS (For any answers that are No or N/A in previous section)** |
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1. ,2,3 Subject to the availability of funding at the end of the project. [↑](#footnote-ref-2)