

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Neighborhood Stabilization Program

Change Order Request			
Contract Administrator		Contract #	Activity #
Contract Start/End Date		Service Date(s)	
Property Address			
Item	Original Cost	New Cost	Funds to be transferred from/to budget item:
1	\$	\$	
Description of item and reason for change			
Description of attached supporting documents			
Item	Original Cost	New Cost	Funds to be transferred from/to budget item:
2	\$	\$	
Description of item and reason for change			
Description of attached supporting documents			
Item	Original Cost	New Cost	Funds to be transferred from/to budget item:
3	\$	\$	
Description of item and reason for change			
Description of attached supporting documents			

Change Order Authorization	
Contract Administrator's Certification: In accordance with the requirements of the Neighborhood Stabilization Program (NSP), I have reviewed, verified, and confirmed the information provided herein, and hereby certify that it is true and correct. I hereby authorize the change order adjustments described above.	
_____	_____
Contract Administrator Signature	Date
For NSP Use Only:	
HCS – Verify dates, budget amount, and availability of funds	<input type="checkbox"/>
_____	_____
NSP Program Specialist Signature	Date