



**CONSTRUCTION CHANGE DIRECTIVE (CCD)
FOR CONSTRUCTION CONTRACT(S)**

Date: _____ **SDA CCD No.:** _____

Contract No.: _____ **Contractor CCD No.:** _____

Contractor: _____ **Program Director:** _____

PMF/CM: _____ **School Name:** _____

PMF/CM PM: _____ **District Name:** _____

The Contractor is directed to make the following changes to the contract:

Description of Work:

**CONSTRUCTION CHANGE DIRECTIVE (CCD)
FOR CONSTRUCTION CONTRACT(S)**

Justification (Reason for Change)

Empty space for justification text.

Contractor's CCD No. _____

SDA CCD No. _____

**CONSTRUCTION CHANGE DIRECTIVE (CCD)
FOR CONSTRUCTION CONTRACT(S)**

Recommended for Acceptance:

Design Consultant

Signature

Printed Name

Date

PMF/CM

Signature

Printed Name

Date

Recommended and/or Approved by: SDA Program Officer

Signature

Printed Name

Date

Recommended and/or Approved by: Program Director

Signature

Printed Name

Date