



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)

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