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

Contractor's CCD No. _____

SDA CCD No. _____