AIA® Document G714™ – 2007

Construction Change Directive

PROJECT: *(Name and address)* Esperanza Shelter Project 3130 Rufina St., Santa Fe, NM 87507	**DIRECTIVE NUMBER:** 1 **DATE:** 8-24-11 **CONTRACT FOR:** General Construction	OWNER ☒ ARCHITECT ☒ CONSULTANT ☐
TO CONTRACTOR: *(Name and address)* Nambe Pueblo HealthCare Services 33B Arroyo Cuyamungue Santa Fe, NM 87506	**CONTRACT DATED:** 11-30-2010 **ARCHITECT'S PROJECT NUMBER:**	CONTRACTOR ☒ FIELD ☒ OTHER ☐

You are hereby directed to make the following change(s) in this Contract:
(Describe briefly any proposed changes or list any attached information in the alternative.)
The power transformer provided by PNM did not match the original design intention. Modifications for final building connection are required to match the as-installed power service. New CT can will be mounted on Unistrut rack in location where tranformer was originally planned, and underground conduit will be run to corner of property to new power pole location.

PROPOSED ADJUSTMENTS

1. The proposed basis of adjustment to the Contract Sum or Guaranteed Maximum Price:
   - ☒ Lump Sum increase of $ 3682.24
   - ☐ Unit Price of $ per
   - ☐ As provided in Section 7.3.3 of AIA Document A201™–2007
   - ☐ As follows:

2. The Contract Time is proposed to be increased . The proposed adjustment, if any, is an increase of five (5) days.

When signed by the Owner and Architect and received by the Contractor, this document becomes effective IMMEDIATELY as a Construction Change Directive (CCD), and the Contractor shall proceed with the change(s) described above.

Contractor signature indicates agreement with the proposed adjustments in Contract Sum and Contract Time set forth in this CCD.

Lorn Tryk Architects PC	Santa Fe County	Nambe Pueblo HealthCare Services
ARCHITECT *(Firm name)*	OWNER *(Firm name)*	CONTRACTOR *(Firm name)*
206 McKenzieSt., Suite F2	PO Box 276,	33B Arroyo Cuyamungue
Santa Fe, NM 87501	Santa Fe, NM 87504	Santa Fe, NM 87506
ADDRESS	ADDRESS	ADDRESS
[signature]	Katherine Miller	[signature]
BY *(Signature)*	BY *(Signature)*	BY *(Signature)*
LORN TRYK	Katherine Miller	Steven Tenorio
(Typed name)	*(Typed name)*	*(Typed name)*
8-31-11	9.12.11	8-31-11
DATE	DATE	DATE

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Approved as to form
Santa Fe County Attorney
By: [signature]
Date: September 6, 2011