CONTRACT CHANGE ORDER (CCO)
EQUAL OPPORTUNITY CONTRACTING PROGRAM

Project Name:_____ CCO Number:_____
Bid Number:_____ Total Number CCO:_____
Prime Contractor:_____
Date:_____
Original Contract Amount:_____

CCO Line Item	Description	Subcontractor Name	Certification Type*	$ Prime	$ Subcontractor

*DBE, DVBE, MBE, WBE, ELBE, SLBE, OBE, ELBE, SLBE, WoSB, HUBZone, OR SDVOSB

Notes: An entry line must be entered for each Subcontractor when multiple Subcontractors are involved with the same line item.

_____	_____	_____	_____
Signature- (authorized representative of the Contractor)	**Print Name and Title**	**Telephone Number**	**Date**