COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

CHANGE ORDER

# PARTIES

This Change Order is between the [DEPARTMENT NAME], a department of the Commonwealth of the Northern Mariana Islands and referred to herein as “the Commonwealth,” and [CONTRACTOR NAME]. [CONTRACTOR NAME] is referred to in this contract as the “Contractor.” This Change Order is a fully enforceable contract and may be referred to as a contract or as a change order in this document.

Contractor is a [CORPORATION, NON PROFIT CORPORATION, UNIVERSITY, GOVERNMENT AGENCY, ETC].

[HEAD OF AGENCY NAME] is the Expenditure Authority for [NAME OF AGENCY]. Any reference to the expenditure authority in this contract is a reference to [HEAD OF AGENCY NAME]. The Expenditure Authority may take any action on behalf of the Commonwealth provided for by this contract or by law.

# GENERAL PURPOSE

The purpose of this Change Order is to alter the terms of the Contract between the Commonwealth and [CONTRACTOR NAME] by [GENERALLY DESCRIBE WHAT YOU ARE TRYING TO ACCOMPLISH.]

# CHANGE ORDER DOCUMENTS

The following instruments shown in the table below constitute the Change Order Documents (“Change Order Documents”) and are incorporated as part of the Contract thereof. If any of the attached documents conflict with this Change Order, then the language of this Change Order will control.

The Original Contract, all of its provisions, and all of its exhibits are specifically incorporated into this Change Order. In addition, the following exhibits are specifically incorporated into this change order:

|  |  |
| --- | --- |
| **EXHIBIT** | **NAME OF DOCUMENT** |
|  |  |
|  |  |
|  |  |
|  |  |

# CONSIDERATION AND SCOPE OF WORK

Contractor agrees to deliver the goods and all other services described in this Change Order and the documents attached and incorporated into this Change Order, in addition to the goods and services required by the original contract.

[DESCRIBE IN DETAIL THE GOODS OR SERVICES TO BE DELIVERED BY THE CONTRACTOR. EXAMPLE: The contractor will deliver 150 pounds of spaghetti to the Department of Corrections instead of the 100 pounds of spaghetti called for in the original contract.]

The Commonwealth agrees to pay [INSERT THE TOTAL AMOUNT TO BE PAID, IF ANY] as consideration for this Change Order. In addition, the consideration for this agreement is in the mutual covenants and stipulations hereby agreed to by the parties and set out in the following paragraphs.

This Change Order alters the consideration of the original contract. If a provision of this Change Order conflicts with the original contract, then the Change Order will control.

# DELIVERY AND PAYMENT

### [YOUR CONTRACT MAY REQUIRE A DIFFERENT PAYMENT SCHEDULE. IF YOU AMEND THIS PAYMENT SCHEDULE, THEN MAKE SURE THAT YOU CLEARLY DESCRIBE WHEN AND HOW OFTEN THE COMMONWEALTH MUST PAY FOR THE SERVICES BEING RENDERED, IF THIS CHANGE ORDER DOES NOT REQUIRE ADDITIONAL PAYMENTS, THEN JUST DELETE THIS SECTION]. The Contractor agrees to begin, and to continue for as long as this contract provides, to perform the services on the island of [STATE THE ISLAND OF DELIVERY] within **[**NUMBER OF DAYS] days of receiving the notice to proceed. The Contractor will invoice the Commonwealth and will be paid according to the following schedule:

|  |  |  |
| --- | --- | --- |
| **DATE THE COMMONWEALTH RECEIVES INVOICE** | **INVOICE AMOUNT** | **PAYMENT DUE DATE** |
| [Example: 1/1/16] | [Example: $500] | [Example: 4/1/16] |
| [Example: 2/1/16] | [Example: $500] | [Example: 5/1/16] |
|  |  |  |
|  |  |  |
|  |  |  |

# SIGNATURES

### Expenditure Authority

I declare that I have complied with the Commonwealth procurement regulations; that this contract is for a public purpose; and that the contract does not waste or abuse public funds. I declare that I, personally, have the authority to obligate the expenditure of funds for this contract. I declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed this day on Saipan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[EXPENDITURE AUTHORITY NAME] Date:

Expenditure Authority

### Procurement Services

I hereby certify that to the best of my information and belief this contract is in compliance with the CNMI Procurement Regulations, is for a public purpose, the contractor is a responsible contractor, and the contract does not waste or abuse public funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geraldine T. Cruz Date

Director of Procurement Services

### Secretary of Finance

I hereby certify that the funds identified below are available and have been committed for funding of this Change Order:

Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tracy B. Norita Date

Secretary of the Department of Finance

### Attorney General

I hereby certify that this Change Order has been numbered, review and approved as to form and legal capacity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Edward Manibusan Date

Attorney General

### Governor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arnold I. Palacios Date

Governor

### Contractor – [NAME OF CONTRACTOR]:

On behalf of the Contractor, I represent that I am authorized to bind the Contractor to the terms of this Change Order, and by my signature I do hereby accept and bind the Contractor to the terms of this Change Order. I further represent for the Contractor that no person associated with the Contractor has retained any person in violation of the Commonwealth Procurement Regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF SIGNING AUTHORITY TITLE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF SIGNING AUTHORITY Date

### CERTIFICATION OF CONTRACT COMPLETION

I hereby certify that this contract bears all signatures and is therefore complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geraldine T. Cruz Date

Director of Procurement Services

# END OF CHANGE ORDER

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Procurement Information