

CONTINGENCY USE AUTHORIZATION FORM

DODGEVILLE ADMIN BUILDING – 850

410 E Leffler St. Dodgeville, WI 53533

Date: 5/21/2025

To: Barry Hottmann, City of Dodgeville

From: Daniels Construction

Subject: Contingency Use Authorization – Change Order Request

SECTION 1: PROJECT CONTINGENCY SUMMARY

Item	Amount
Original Contingency Balance	\$73,841.00
Approved Contingency Usage to Date	\$0.00
Pending Contingency Items (Not Yet Approved)	\$0.00
Amount This Request	\$0.00
Remaining Contingency Balance (Excl. Pending Items)	\$73,841.00

SECTION 2: CURRENT CHANGE ORDER REQUEST

Change Order Number: [CO-#]

Amount Requested: \$[Insert Amount]

Description of Change:

[Brief summary of the scope, reason for the change, and justification for using contingency funds.]

Impact (if any):

- **Schedule Impact:** [Yes/No] – [Insert Details]
- **Other Considerations:** [Insert Notes, if applicable]

919 Applegate Road | Madison, WI 53713



608.271.4800



608.271.4570



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SECTION 3: AUTHORIZATION

By signing below, the Owner authorizes the use of project contingency funds in the amount of \$[Insert Amount] for the change order described above. Upon approval, this amount will be deducted from the current project contingency balance.

OWNER APPROVAL

Name: _____
Title: _____
Signature: _____
Date: _____

GC ACKNOWLEDGMENT

Name: _____
Title: _____
Signature: _____
Date: _____

