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| ***New Jersey Department of Transportation***  ***Capital Program Support*** | | | | | | | | | | | | | | | | | Form CON-RQST-2 – 01/2023 |
| **Construction Change Request** | | | | | | | | | | | | | | | | | |
| **Forward to Change Control Board Administrator** | | | | | | | | | | | | | | | | | |
| **Project Name** | | |  | | | | | | | | | | | | | | |
| **Resident Engineer**  **(print & sign)** | | |  | | | | | | | **Telephone #** | | |  | | | | |
|  | | | | | | | **Email** | | |  | | | | |
| **Date** | | |  | | | | |
| **Field Manager (print & sign)** | | |  | | | | | | | **Telephone #** | | |  | | | | |
|  | | | | | | | **Email** | | |  | | | | |
| **Date** | | |  | | | | |
| **Project Manager (print & sign)** | | |  | | | | | | | **Telephone #** | | |  | | | | |
|  | | | | | | | **Email** | | |  | | | | |
| **Date** | | |  | | | | |
| **Contractor** | | |  | | | | | | | **Federal Project #** | | |  | | | | |
| **Project ID (UPC)** | | |  | | | | | | | **NJDOT Job #** | | |  | | | | |
| **Change Order or Sequential Letter** | | | | | | |  | | | **Submittal Date** | | |  | | | | |
| **Priority** | **Urgent - 24 hours** | | | | | **Monthly Meeting** | | | | | **Other – specify:** | | | | | | |
| **Cost Breakdown Attached** | | | | |  | | | | | **FHWA Area Engineer** | | | | |  | | |
| **Executive Regional Manager (print & sign)** | | |  | | | | | | | **Telephone #** | | |  | | | | |
|  | | | | | | | **Email** | | |  | | | | |
| **Team** | | | **A** **B** **C** **D** | | | | | | | **Concur** | | | **Date** | | |  | |
| **County, Municipality, Route, and Section:** | | | | | | | | | | | | | | | | | |
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| **Reason(s) for Change:** | | | | | | | | | | | | | | | | | |
| **Requires a CCB Meeting** | | | | | | | | **Does Not Require a CCB Meeting/Approval** | | | | | | | | | |
| **Design Change** | | | | | | | | **Revise Quantities to Agree with As-Built** | | | | | | | | | |
| **Scope Change** | | | | | | | | **Construction Inspection Funding Increase** | | | | | | | | | |
|  | | | | | | | | **Programmatic Change/BDC** | | | | | | | | | |
| **Other** | |  | | | | | | **Other** | | | |  | | | | | |
| **Description of Change:** | | | | | | | | | | | | | | | | | |
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| **Current Process or Method:** | | | | | | | | | | | | | | | | | |
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| **Reason for and Value of Change, Advantages and Disadvantages:** | | | | | | | | | | | | | | | | | |
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| **Effects:** | | | | | | | | | | | | | | | | | |
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| **Implementation:** | | | | | | | | | | | | | | | | | |
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| **Recommendation:** | | | | | | | | | | | | | | | | | |
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| **Has the change been reviewed by other offices or CPC Screening Committee? (If yes, list office and contact person):** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **FHWA/State Involvement** | | | | **PoDI** | | | | | **Non-PoDI** | | | | | **100 % State** | | | |
| **Funding Participation** | | | | **Federal** | | | | | **State** | | | | | **Third Party** | | | |
| **Other:** | | | | | | | | | | | | | | | | | |

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| **Cost Breakdown** | | | | |
| **Original Contingency Amount:** | **$** | **Contingency Amount Used:** | | **$** |
| **Actual Award Amount (A)**  **$** | **Construction Approved Change Orders to Date Increase/Decrease (B)**  **$** | | **Total Adjusted Contract Cost (=A+B)**  **$** | |
| **Total Previous CCB Approved Revisions (Design and Construction)** | **$** | **Current CCB Request Revision (Construction)** | | **$** |
| **Design Cost Incr./Decr.:** | **$** | **ROW Cost Incr./Decr.** | | **$** |
| Director of Project Management | | | | |
| Concur (CCB meeting is necessary) RE to attend meeting | | | | |
| |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | **Date:** |  | |  | Director, Division of Project Management |  | | |  | | | | | |
| **- OR -** **Recommend for approval without CCB meeting based on the following justification and with the following conditions:** | | | | |
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| **CCB Decision for [Project Name – Project ID]** | | | |
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| **Decision of the Change Control Board:** |  | **Date:** |  |
| |  |  |  |  | | --- | --- | --- | --- | | **Concurrence:** |  | **Date:** |  | |  | | | | |  | Parth, Oza, P.E. |  | | | Assistant Commissioner | | Capital Program Management | |  | | | | | **Rejected:** |  | **Date:** |  | |  |  |  | | | Parth Oza, P.E. | | Assistant Commissioner | | Capital Program Management | |  | | | | | **Reason for**  **Rejection:** |  | | | | | | |
|  | | | |