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| ***New Jersey Department of Transportation******Capital Program Support*** | Form DES-RQST-2 – 01/2023 |
| **Design Change Request** |
| **Forward to Change Control Board Administrator** |
| **Project Name** |       |
| **Project Manager****(print & sign)** |       | **Telephone #** |       |
|  |       | **Email** |       |
|  |  | **Date** |        |
| **Designer** |       | **Federal Project #** |       |
| **Project ID (UPC)** |       | **NJDOT Job #** |       |
| **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:** |
|       |
| **Current Process or Method:** |
|       |
| **Description of Change:** |
|       |
| **Reason for and Value of Change, Advantages and Disadvantages:** |
|       |
| **Recommendation:** |
|       |
| **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 Design Agreement Amount(A)****$** | **Total Previously Approved Design Consultant Agreement Modifications (CAM’s) (B)****$** | **Total Design Costs(=A+B)****$** |
| **Total Previous CCB Approved Revisions**  | **$** | **Current CCB Request Revision** | **$** |
| **Engineer’s Const. Estimate** | **ROW Cost** | **Total Non-Design Cost Increase/Decrease** |
| **Original** | **Incr./Decr.** | **Original** | **Incr./Decr.** |
| **$** | **$** | **$** | **$** | **$** |
| Director of Project Management |
|  [ ] Concur (CCB meeting is necessary)  |
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| **Signature:** |  | **Date:** |  |
|   | Director, Division of Project Management |   |
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| **- OR -** [ ] **Recommend for approval without CCB meeting based on the following justification and with the following conditions:** |
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| **Signature:** |  | **Date:** |  |
|   | Director, Division of Project Management |   |
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| **CCB Decision for [Project Name – Project ID]**  |
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|  **Decision of the Change Control Board**: |  | **Date:** |  |
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| **Concurrence:** |  | **Date:** |  |
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| Parth Oza, P.E. |
| Assistant Commissioner |
| Capital Program Management |
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|   |
| **Rejected:** |  | **Date:** |  |
|   |   |   |
| Parth Oza, P.E. |
| Assistant Commissioner |
| Capital Program Management |
|   |
| **Reason for****Rejection:** |  |

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