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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) | | | | | | | | | | | | |
| |  | | --- | |  |  |  |  |  |  | | --- | --- | --- | --- | | **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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| |  |  |  |  | | --- | --- | --- | --- | |  | | | | | **Signature:** |  | **Date:** |  | |  | Director, Division of Project Management |  | | |  | | | | | | | | | | | | | | | | |
| **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:** |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |