

**NEW JERSEY DEPARTMENT OF TRANSPORTATION
CONTRACTUAL NOTICE FORM**

THE CONTRACTOR IS ADVISED THAT THERE ARE SPECIFIC TIME LIMITS FOR FILING NOTICES UNDER BOTH THE CONTRACT SPECIFICATIONS AND THE NEW JERSEY CONTRACTUAL LIABILITY ACT, N.J.S.A. 59:13-1, ET SEQ. (THE CONTRACTUAL LIABILITY ACT.). THE CONTRACTOR MUST COMPLY WITH THE TIME REQUIREMENTS OF BOTH THE SPECIFICATIONS AND THE CONTRACTUAL LIABILITY ACT IN ORDER TO FULLY RESERVE THIS CLAIM. THE CONTRACTOR UNDERSTANDS THAT IF IT FAILS TO GIVE NOTICE AS REQUIRED BY THE SPECIFICATIONS WITHIN THE TIME PROVIDED, ANY CLAIM MAY BE FOREVER BARRED OR LIMITED AS PROVIDED BY THE SPECIFICATIONS. THE CONTRACTOR ALSO UNDERSTANDS THAT IT MAY BE BARRED FROM RECOVERING AGAINST THE STATE IF IT FAILS TO GIVE NOTICE OF ANY ACT OR FAILURE TO ACT BY THE NEW JERSEY DEPARTMENT OF TRANSPORTATION, OR THE HAPPENING OF ANY EVENT, THING OR OCCURRENCE WITHIN 90 DAYS OF SUCH ACT, FAILURE TO ACT, OR HAPPENING OF SUCH EVENT, THING OR OCCURRENCE IN ACCORDANCE WITH THE CONTRACTUAL LIABILITY ACT, EXCEPT IF PERMISSION TO FILE A LATE NOTICE OF CLAIM IS OBTAINED FROM THE SUPERIOR COURT WITHIN ONE YEAR OF THE ACCRUAL OF THE CLAIM.

_____ *Name of Contractor* _____ *Street Address*

_____ *Business Phone Number* _____ *Fax Number* _____ *City* _____ *State* _____ *Zip Code*

_____ *Project Name, Section, Location and Description*

1. Is this the first written notice made to the Department regarding this claim?
Yes; please reference as Contractor's Project Claim # _____ **or**
No; this supplements the previous written notice submitted _____, referenced as Contractor's Project Claim # _____

2. State (in a narrative) the nature of and circumstances/reasons of the act, failure to act, event, thing, occurrence, condition, cause of delay, or alleged suspension, which gives rise to this claim (*include the name, function, and activity of each individual involved in or knowledgeable about the claim and the identification of documents and the substance of communications relating to the claim*):

3. State the specific beginning date of such act, failure to act, event, thing, occurrence, condition, cause of delay, or alleged suspension which gives rise to this claim: _____ (*date*)

4. State (in a narrative) the detailed actions taken by the Contractor to mitigate the claim:

5. Will/could the change affect Contract Time?
No; or
Yes, but the extent of the impacts on Contract Time are not known but affects the following activity(ies): _____ (*list*); **or**
Yes, the change impacts Contract Time by _____ days and affects the following activity(ies): _____ (*list*);
 (*select one*) A Time Impact Evaluation (TIE) Form DC-186: is attached; **or** was submitted on: _____ (*date*)
 (*A TIE, CPM fragnet, and an approved progress schedule is required as per Subsection 108.11.01.C of the 2007 Specifications*)

6. Will/could the change affect costs to the Department?
No; or
Yes, but the amount is unknown at this time; a non-binding estimate is (check applicable box): less than \$20,000;
 between \$20,000 - \$250,000; \$250,000 - \$500,000; \$500,000 - \$1,000,000; more than \$1,000,000; **or**
Yes; the amount of this claim is \$ _____ (*Provide the basis for the calculation, including all types of all costs incurred*)

7. State the Pay Item(s) that will/could be affected by this claim: (*list*)

8. Identify the section(s) of the specifications on which the Contractor is basing this claim (*check the applicable boxes*):
- 104.03.03.1- Increase/Decreased Quantities; 104.03.03.2- New Work; 104.03.03.3- Character of Work;
- 108.11.01- Extensions to Contract Time; 109.01- Measurement of Quantities;
- Other (*Specify*)
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9. Is the Contractor notifying the Department that the Form is complete as per Specification Subsection 104.03.04 **or** 107.12.01?
- This Form is complete to provide written notice, or supplements a previous written notice, under N.J.S.A.59:13-1, et seq. and Specification Subsection **104.03.04**. The final impacts to Contract time and/or costs are unknown/partially unknown at this time;
- or**
- This Form is complete as per **107.12.01**; it is requested to begin the Contractual Claims Resolution Process. All supporting documentation, including all costs and proof(s) thereof, and for all requests for Extensions of Contract Time, including a Time Impact Evaluation, with a CPM fragnet diagram, as per Subsection 108.11.01.C, of the 2007 Specification are herein submitted.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are knowingly or willfully false, I am subject to such punishment as may be provided by all applicable laws, including but not limited to the New Jersey False Claims Act, N.J.S.A. 2A:32C-1, et seq.

DATED: _____

Signature-Prime Contractor's Authorized Representative

(Type - Name and Title)

If correspondence relative to this form should be sent to someone other than the Contractor, please state Name and Address:

THE ORIGINAL OF THIS NOTICE MUST BE SIGNED AND DELIVERED TO THE RE